2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AN Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # S04618 1. Entity Name WHEEL ASSEMBLY, INC.					Sec	retary of S	tate	
Principal Plac	e of Business IST TERRACE	Mailing Address 2776 N.W. 21ST TERRACE						
MIAMI, FL 3		MIAMI, FL 33142						
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	6. Name and Address of Current R	egistered Agent						
ALVARADO, RAFAEL G. — — — — — — — — — — — — — — — — — —				DO	NOT W	RITE		
MIAMI, FL 33130				IN .	THIS SP	ACE		
	named entity submits this statement for titions of registered agent.	he purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flor	rida. I am famillar with, and	accept	
SIGNATURE.					1	<u> </u>	<u>. </u>	
	Signature, typed or printed name of registered agent an	title if applicable. (NOTE, Registers	d Agent signature require	d when reinstading)	<u>ו סטטטטטרי</u>	. DATE	: .5-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees	05/04/04-8	90068-014 150.0	0	
10.	OFFICERS AND D	RECTORS						
title Name	GUERRERO, RAFAEL G							
STREET ADORESS GITY-ST-ZIP	225 S.W. 6TH AVE MIAMI, FL 33130							
TITLE	I MINAWI, FE 33130	<u> </u>						
NAME STREET ADDRESS								
CITY-ST-ZIP		<u></u>						
title Name								
STREET ADDRESS				DΩ	NOT W	RITE		
CITY-ST-ZIP						-		
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CITY-ST-ZIP		<u> </u>						
TITLE NAME								
STREET ADDRESS	· ·		I					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

CTTY-ST-ZIP

SIGNATURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFEROR : Part

Day | (305) 636-2894