


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S24732</b> 1. Entity Name CAR DOME, INC.	
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Principal Place of Business 20302 SOUTH DIXIE HIGHWAY MIAMI, FL 33189	Mailing Address 20302 SOUTH DIXIE HIGHWAY MIAMI, FL 33189
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0239298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  GOTTLIEB, MICKEY 20302 SOUTH DIXIE HIGHWAY MIAMI, FL 33189
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GOTTLIEB, MICKEY 20302 S. DIXIE HWY MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COTELLESE, MICHAEL 20302 S DIXIE HWY MIAMI, FL 33189
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03/11/04-80062-009 150.00

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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:** *Michael Cottellese* **2/25/04 (305) 233-1130**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Daytime Phone #