


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 91091 001 \*\*\*\*\*8.75  
05-10-2004 91091 002 \*\*\*150.00

<b>DOCUMENT # S45660</b>		
1. Entity Name <b>M.C.M. AUTO SALES, INC.</b>		

Principal Place of Business <b>230 S. DIXIE HWY HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>230 S. DIXIE HWY HOLLYWOOD, FL 33020 US</b>
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**66420831**

2. Principal Place of Business <b>MCM Auto Sales Inc.</b>	3. Mailing Address <b>9657 NW South River Dr.</b>
Suite, Apt. #, etc. <b>#3</b>	Suite, Apt. #, etc. <b>#3</b>



City & State <b>Medley FL.</b>	City & State <b>Medley FL.</b>	4. FEI Number <b>65-0267910</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33166</b>	Country <b>Dade</b>	Zip <b>33166</b>	Country <b>Dade</b>

04292004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>MACHADO, MARTA 230 S. DIXIE HWY HOLLYWOOD, FL 33020</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MACHADO, MARTA 230 S. DIXIE HWY HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MACHADO, MARIO 230 S. DIXIE HWY HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MACHADO, MARTA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9657 NW South River Dr #3 Medley FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MACHADO, MARIO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9657 NW South River Dr #3 Medley FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Marta Machado* **President** 05/03/04 (786) 4880946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #