## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 22, 2005 08:00 AM Secretary of State **DOCUMENT # S63383** 1. Entity Name
TONY ON WHEELS INC. Principal Place of Business Mailing Address 6290 SW 2ND STREET 6290 SW 2ND STREET MIAMI, FL 33144 US MIAMI, FL 33144 No Chg-P CR2E034 (10/03) 01222005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0273760 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE GARCIA, ESTEBAN A 6290 SW 2ND ST MIAMI, FL 33144 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTD TITLE GARCIA, ESTEBAN A. NAME STREET ADDRESS 6290 S.W. 2ND ST. CITY-ST-7IP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

DATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**