

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 038 ***150.00

DOCUMENT # S81627

1. Entity Name
AMERICAN AUTO ELECTRIC, INC.



Principal Place of Business

1002 NE 44TH ST.
OAKLAND PARK, FL 33334

Mailing Address

1002 NE 44TH ST.
OAKLAND PARK, FL 33334

94030665



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

03052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0285333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHALEC, GREGORY E.
1710 NE 40TH COURT
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **MURGUIA, JUAN C.**
STREET ADDRESS **1002 NE 44TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **P** ☐ Delete
NAME **MAHALEC, GREGORY E**
STREET ADDRESS **1002 NE 44TH ST**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE **S** ☐ Delete
NAME **CARMEN S. ALLEN**
STREET ADDRESS **1710 NE 40 CT.**
CITY-ST-ZIP **OAKLAND PARK, FL**

TITLE **2VP** ☐ Delete
NAME **BOILY, ROGER**
STREET ADDRESS **8440 NW 28 PLACE**
CITY-ST-ZIP **SUNRISE, FL**

TITLE **T** ☐ Delete
NAME **O'BRIEN, TIMOTHY**
STREET ADDRESS **1731 NE 56 ST., #6**
CITY-ST-ZIP **FT. LAUDERDALE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-04 954-521 250 2