


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90018 044 \*\*\*150.00

**DOCUMENT # V18913**

1. Entity Name  
**SOUTH FLORIDA'S EMISSION CONTROL CORP.**



Principal Place of Business  
**4100 NW 135TH STREET  
 BAY 1-B  
 OPA LOCKA FL 33054**

Mailing Address  
**4100 NW 135TH STREET  
 BAY 1-B  
 OPA LOCKA FL 33054**

2. Principal Place of Business  
**4100 NW 135th St 1-B**

3. Mailing Address  
**4100 NW 135th St**

Suite, Apt. #, etc.  
**Bay 1-B**

City & State  
**Opalocka FL**

City & State  
**Opalocka FL**

Zip  
**33054**

Country  
**USA**

4. FEI Number  
**65-0318595**

Applied For  
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**Richard Feijoo**  
**4100 NW 135TH STREET  
 BAY B-1  
 OPA LOCKA FL 33054.**

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 *Richard Feijoo* (NOTE: Registered Agent signature required when reinstating)

DATE 2-15/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FEIJOO, RICHARD A	
STREET ADDRESS	4100 NW 135TH STREET, #1-B	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FEIJOO, MAGALY	
STREET ADDRESS	4100 NW 135TH STREET, #1-B	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Richard Feijoo* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/4/04 Daytime Phone # 305 769-0009