

FILED
Apr 26, 2004 8:00 am
Secretary of State


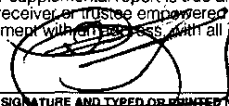
04-26-2004 90524 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

34040971



04222004 Chg-P CR2E034 (10/03)

DOCUMENT # V23989			
1. Entity Name HI-TECH TUNE INC.			
Principal Place of Business 7700 E COLONIAL DR ORLANDO, FL 32807		Mailing Address P.O. BOX 574242 7700 E. COLONIAL DR ORLANDO, FL 32857 ORLANDO - FL - 32807	
2. Principal Place of Business		3. Mailing Address 7700 E. COLONIAL DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO - FL	
Zip	Country	Zip	Country
		32807	USA
4. FEI Number 59-3123733		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAO, CLAUDIO L 2225 METROPOLITAN WAY APT 1214 ORLANDO, FL 32839-32825		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABRAHAO, LUIZ C 5536 METROWEST BLVD #211 7700 E. COLONIAL DR ORLANDO, FL 32844 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V+CEO ABRAHAO, CLAUDIO L 2225 METROPOLITAN WAY APT 1214 1114 GREAT SHADY LN ORLANDO, FL 32839-32825	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		4.22.04 407-381-1255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	