May 03, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION** ANNUAL REPORT 05-03-2004 90415 033 ***150.00 DOCUMENT # V34101 1. Entity Name RE-MAR MACHINE SHOP INC. Principal Place of Business Mailing Address 1054 E. 27 STREET 1800 W. 49TH ST. HIALEAH, FL 33013 SUITE 121 HIALEAH, FL 33012 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 64-0332048 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORONEL, RENE DO NOT WRITE 453 E. 14TH ST. HIALEAH, FL 33010 IN THIS SPACE 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 lifte if applicable. (NCTE: Registered Ageny elemeture required when remalauno) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees COFFICERS AND DIRECTORS 10. RDF CORONEL, RENE NAME STREET ADDRESS 453 E. 14 ST. CHY-SI-7P HIALEAH, FL 33010 TITLE MAME STREET ADDRESS COY-S1-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-S1-ZIP THLE

12. Thereby 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 is required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with examples. With all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

NB 3 4 04 691-42

FILED