


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 048 \*\*\*150.00

**DOCUMENT # P0000035200**

1. Entity Name  
**AUTOTOOL FLORIDA, INC.**



Principal Place of Business  
**2342 W. 80TH ST.  
 STE. 5  
 HIALEAH, FL 33016**

Mailing Address  
**2342 W. 80TH ST.  
 STE. 5  
 HIALEAH, FL 33016**

14004754



2. Principal Place of Business  
**2378 W 80th St.  
 Suite, Apt. #, etc.  
 #5**

3. Mailing Address  
**2378 W 80th St  
 Suite, Apt. #, etc.  
 #5**

04142005 Chg-P CR2E034 (10/03)

City & State  
**Hialeah, FL.**

City & State  
**Hialeah FL.**

Zip  
**33016-5691**

Country

4. FEI Number  
**65-0999185**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTILLO, JOSE DEL  
 8508 NW 50 RIVER DR  
 MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**2378 W 80th St. #5**

City, State, Zip  
**Hialeah, FL. FL 33016-5691**

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 reappointing)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	CASTILLO, JOSE D <input type="checkbox"/> Delete
NAME	8308 NW RIVER DR
STREET ADDRESS	MIAMI, FL 33166
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2378 W. 80th St. #5
STREET ADDRESS	Hialeah, FL. 33016-5691
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
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 supplement to a 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 authorized 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]*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR