2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4	ANNUAL	REPORT (AR)	FILE	E D	
DOCUMENT # P01000105166 1. Entity Name				Feb 03, 2005 08:00 AM Secretary of State		
CORPORA	ATEAUTOS, INC			Secretary	of State	
Principal Place of Business Mailing Address						
12877 ORANGE BLVD W PALM BCH FL 33412		12877 ORANGE BLVD				
W PALM BC	n rt 33412	W PALM BCH FL 33412	2	 	 	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.			1st MOORE	
City & State Zip Country		City & State	Zip Country		Not Applical.	
Σiþ	Country	249	Codimy	5. Certificate of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Agent		7. Name and Address of New Reg	stered Agent	
ARE	AIRA, ANTHONY		Name			
8970 WENDY LN W W PALM BCH FL 33411			Street Address (P O. Box Number is Not Acceptable)		
	\mathcal{A}		Çity		Zip Code	
8. The above	named entity submits this stateme	ent for the purpose of changing its	registered office or register	red agent, or both, in the State of Florid	a. I am familiar with, and accer	
SIGNATURE .	V Land		Ar THONY Registered Agent signature registered	HORAIRA	3-/-05 DATE	
	ILE NOW!!! FEE IS 6150.00	X		· · · · · · · · · · · · · · · · · · ·		
After	May 1, 2005 Fee Will Be \$550 Payable to Florida Departmen	0.00		Election Campaign Trust Fund Contrib		
10.	OFFICERS /	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE		
TITLE	DPVT	☐ Delete	TIME	0000002120 02/03/05-8001	34 3-011 150.00 □ A::::::	
NAME Street address	ABRAIRA, ANTHONY 8970 WENDY LN W		NAME STREET ADDRESS	05, 00, 00 0001	> 011 170.00	
CITY - ST - ZIP	W PALM BCH FL 33411		LITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addisia	
NAME			NAME		u.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
TITLE		☐ Delete	THE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADORESS CITY - \$1 - ZIP			
CITY-ST-ZIP		Прин	TITLE		Change Addition	
TITLE NAME		☐ Delete	NAME		Ci Ollaride Ci Versioni	
STREET ADDRESS			STREET ADDRESS			
CHY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME		Change Addition	
NAME STREET ADDRESS			STREET ADDRESS			
CITY ST-ZIP			CITY-SI-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addist.	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	certify that the information supplied	whis filing does not qualify for		ection 119.07(3)(i), Florida Statutes. I fu same legal effect as if made under oat	rther certify that the information	
indicated of the cor changed	on this report or supplemental rep poration or the receiver or trustee of or on an attachment with an added	ort is true and accurate and that me empowered to execute this report a ss. with all other like empowered	ry signature shall have the as required by Chapter 607	same legal effect as if made under oat 7, Florida Statutes, and that my name a	n; triat i am an officer or director ppears in Block 10 or Block 11 if	
onangeu,	Of Or all accomment with all address	2001 With the onless the emboweled.	Marketta 1	1.000 4069	JN 34-04-67:	
SIGNATURE: HATHONY HOLANDS MIT 34-541-67;						

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: