BesTax Accounting

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90248 011 ***150.00

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1. Entity Name
AUTOLINE SALES INC.

20044529

042020C5 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7254 BURGESS DRIVE LAKE WORTH, FL 33467	7254 BURGESS DRIVE LAKE WORTH, FL 33467

2. Principal Place of Business	3. Mailing Address
268 BERENGER WALK	268 BERENGER WALK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH - FLORIDA	City & State: WEST PALM BEACH - FLORIDA
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. FEI Number 42-1585910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, ADOLFO
7254 BURGESS DRIVE
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name GUTIERREZ, ADOLFO
Street Address (P.O. Box Number is Not Acceptable)
268 BERENGER WALK
City WEST PALM BEACH FL Zip Code 33414

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] 04-19-05.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P	☐ Delete
NAME	GUTIERREZ, ADOLFO	
STREET ADDRESS	7254 BURGESS DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	V	☐ Delete
NAME	RIANO, MARTHA L	
STREET ADDRESS	7254 BURGESS DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☒ Change ☐ Addition
NAME	GUTIERREZ, ADOLFO	
STREET ADDRESS	WEST PALM BEACH FL 33414	
CITY-ST-ZIP		
TITLE	V	☒ Change ☐ Addition
NAME	RIANO, MARTHA L.	
STREET ADDRESS	WEST PALM BEACH FL 33414	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: [signature] 04-19-05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #