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## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Aug 02, 2005 8:00 am Secretary of State 08-02-2005 90031 043 \*\*\*150.00

DOCUMENT # P04000029005  1. Entity Name ATHENS AUTO WHOLESALE, INC.							08-02-2005	90031 043 *	***150	.00
Principal Place of Business 986 W PROSPECT RD OAKLAND PARK, FL 33309			Mailing Address 986 W PROSPECT RD OAKLAND PARK, FL 33309					50059		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07202005	Chg-P	CR2E034 (1	0/03)	
City & State			City & State			4. FEI Numbe	er		<del> </del>	alied For Applicable
Zip	Zip Country		Zip Coun		try	5. Certificate	of Status Desired		75 Addit Required	
6. Name and Address of Current Registered A						7. Name and	Address of New R	egistered Agent	t	0
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR					Stree Address	9) 15 (P.O. Box Numb	ONSTH POSTE	WHA.		<i>Y</i> .
MIAMI, FL	33145			City			DI HOC	- 42	in Code	- 40
									in Code 3	307
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)  DAVE.										ind accept
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Fina Trust Fund Contribution.					· +•	6.00 May Be ded to Fees	In accordance v corporation did			
10.	Lee	OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF	_		
NAME STREET ADDRESS CITY-ST-ZIP	986 W PF	NTARAS, ZAFIROS J ROSPECT RD D PARK, FL 33309		NAM STRE	1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	986 W PF	NTARAS, GLADYS M ROSPECT RD D PARK, FL 33309	□ De	NAM STRE	i				Change `	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STRE	l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STRE				<b>-</b>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM Stre	l l				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. □ D4	NAM Stri City	E EET ADDRESS - ST-ZIP				Change	☐ Addition
12. I hereby indicated of the corchanged	certily that the lon this reportion or to poration or to or on an att	ne information supplied with ort or supplemental report is the receiver or trustee empo tachment with an address.	this filling does not true and accurate twered to execute the with all other like er	qualify for the exe and that my signa by report as required prowersed.	mption stated in S ture shall have the fee by Chapter 60	ection 119.07(3) same legal effe 07, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further certify the cath; that I am an eappears in Blo	at the int officer of ck 10 or	formation or director Block 11 if

SIGNING OFFICER OR DIRECTOR