


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90039 021 ***150.00

DOCUMENT # P04000100560
 1. Entity Name
AUCTION TRUST CLOSEOUTS, INC



Principal Place of Business 17000 N. BAY RD. 1508 SUNNY ISLES BEACH FL 33160	Mailing Address 17000 N. BAY RD. 1508 SUNNY ISLES BEACH FL 33160
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2. Principal Place of Business 17000 N Bay Rd. Suite, Apt. #, etc. 1508	3. Mailing Address 17000 N. Bay Rd Suite, Apt. #, etc. 1508
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City & State Sunny Isles Beach	City & State Sunny Isles Beach	4. FEI Number 270095978	Applied For Not Applicable
Zip FL	Country 33160	Zip FL	Country 33160



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
 PACINO, JEAN P SR.
 3120 W HALLANDALE
 #521
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name: Mr. Jorge Navarro
 Street Address (P.O. Box Number is Not Acceptable): 1623 Lenox Ave. #20
 City: Miami Beach FL Zip Code: 33139

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: Jorge Navarro DATE: 3-3-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SARMIENTO, ANDRES E SR. 17000 N. BAY RD. #1508 SUNNY ISLES BEACH FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 3-5-05 DAYTIME PHONE #: 3059476400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR