

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029515

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** AUTO MASTER PROTECTION PLAN, INC.

**Current Principal Place of Business:**

1801 W ATLANTIC BLVD.  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 W ATLANTIC BLVD.  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 65-0496045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BACHRODT, LOUIS C III  
1801 W. ATLANTIC BLVD.  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BACHRODT III, LOUIS C  
Address: 1801 W. ATLANTIC BLVD.  
City-St-Zip: POMPANO BEACH, FL

Title: STD  
Name: RHOADES, MARK  
Address: 1801 W. ATLANTIC BLVD  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD  
Name: BACHRODT, CRAIG  
Address: 1801 W. ATLANTIC BLVD  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK RHOADES

ST

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date