


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90253 027 \*\*\*150.00

**DOCUMENT # P95000093992**

1. Entity Name  
**CAR PLAZA, INC.**



Principal Place of Business      Mailing Address

8360 W. OAKLAND PARK BLVD. #201      8360 W. OAKLAND PARK BLVD. #201  
 SUNRISE, FL 33351      SUNRISE, FL 33351

**94072774**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04212004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**65-0624302**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>ARIE MREJEN, P.A.</b> 701 W CYPRESS CREEK RD SUITE 302 FT LAUDERDALE, FL 33309	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code
	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>DB</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KADOCH, DAVID</b>	NAME	<b>Tirosh, Ziv</b>
STREET ADDRESS	<b>8360 W. OAKLAND PARK BLVD. #201</b>	STREET ADDRESS	<b>25 Ben Yossef ST.</b>
CITY-ST-ZIP	<b>SUNRISE, FL</b>	CITY-ST-ZIP	<b>TEL-AVIV, ISRAEL 69125</b>
TITLE	<b>DT</b> <input type="checkbox"/> Delete	TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZOUR, ISRAEL</b>	NAME	<b>Kadoch, Michael</b>
STREET ADDRESS	<b>12700 BISCAYNE BLVD SUITE 202</b>	STREET ADDRESS	<b>1250 NW Flamingo Rd</b>
CITY-ST-ZIP	<b>NORTH MIAMI, FL</b>	CITY-ST-ZIP	<b>Plantation, FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORESTER, BRUCE</b>	NAME	
STREET ADDRESS	<b>4045 SHERIDAN AVE , #432</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH, FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, JUAN CARLOS</b>	NAME	
STREET ADDRESS	<b>4862 NW 72ND AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>	CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDIOLA, JOSE</b>	NAME	
STREET ADDRESS	<b>2425 NW 139TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARONE, LUIZA</b>	NAME	
STREET ADDRESS	<b>3360 W. OAKLAND PARK BLVD.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	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 employees.

**SIGNATURE:** *Bruce Forester*      **26 APRIL 2004**      **954 749 2030 K.161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #