


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P97000101225 1. Entity Name COMMERCIAL AUTO CARE CENTER, INC. |  |
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| Principal Place of Business 943 CLINT MOORE ROAD BOCA RATON, FL 33487 | Mailing Address 943 CLINT MOORE ROAD BOCA RATON, FL 33487 |
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0794475 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HEISE, MARTIN 943 CLINT MOORE ROAD BOCA RATON, FL 33487 | DO NOT WRITE IN THIS SPACE |
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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) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 100000251050 03/04/05-80036-010 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEISE, MARTIN 943 CLINT MOORE ROAD BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERSON, GERALD 943 CLINT MOORE ROAD BOCA RATON, FL 33487 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Martin Heise* 2-24-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #