


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 037 \*\*\*150.00

**DOCUMENT # P98000056829**

1. Entity Name  
**INFINITY DEALERSHIP SERVICES, INC.**



Principal Place of Business  
**431 SUNSHINE DRIVE**  
**POMPANO BEACH FL 33066**

Mailing Address  
**431 SUNSHINE DRIVE**  
**POMPANO BEACH FL 33086**

04000704



MOORE CR2E034 (4/04)

2. Principal Place of Business  
**1784 NW 39 CT**

3. Mailing Address  
**1784 NW 39 CT**

Suite, Apt. #, etc.

City & State  
**Oakland Park**

City & State  
**Oakland Park**

4. FEI Number **65-0848819**

Applied For  
 Not Applicable

Zip **33309** Country **USA**

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

6. Name and Address of Current Registered Agent

**RASKIN, MICHAEL I**  
**6410 MALLARD LANE**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **RASKIN, Michael I**

Street Address (P.O. Box Number is Not Acceptable)  
**1784 NW 39 CT**

City **Oakland Park** FL Zip Code **33309**

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 *Michael I. Raskin* (NOTE: Registered Agent signature required when reinstating)

DATE **6/15/04**

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RASKIN, MICHAEL I	
STREET ADDRESS	431 SUNSHINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE	Please change address of Director officer to Mailing Address -	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>RASKIN, Michael I</del>	<input type="checkbox"/> Delete
NAME	<del>1784 NW 39 CT</del>	
STREET ADDRESS	<del>Oakland Park, Fl. 33309</del>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE: *Michael I. Raskin* **Michael I. Raskin** **6/15/04** **954-2492 3833**

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