


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90003 045 ***150.00

DOCUMENT # P97000039464	
1. Entity Name NATIONAL AUTO PROJECTS, INC.	

Principal Place of Business 1224 S DIXIE HWY E POMPANO BEACH, FL 33060 US	Mailing Address 1224 S DIXIE HWY E POMPANO BEACH, FL 33060 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

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

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



06082007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0762213	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent KOVARS, CINDALEAH 1224 S.DIXIE HIGHWAY POMPANO BEACH, FL 33060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST. WASILEWSKI, IGOR <input type="checkbox"/> Delete 1224 S. DIXIE HWY. POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WASILEWSKI, IGOR <input type="checkbox"/> Delete 1224 S. DIXIE HWY. POMPANO BEACH, FL 33060	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date Jun-11-07	Daytime Phone # 954-7843354
---	-----------------------	------------------------------------



ATTACHMENT
40121606
Division of Corporations

Annual Report

Annual Report Help

Document Number

P97000039464

Business Entity Name

NATIONAL AUTO PROJECTS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650762213

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

Principal Place of Business

Address

1224 S DIXIE HWY E

Suite, Apt. #, etc.

City, State

POMPANO BEACH

FL

Zip Code & Country

33060

US

Mailing Address

Address

1224 S DIXIE HWY E

Suite, Apt. #, etc.

City, State

POMPANO BEACH

FL

Zip Code & Country

33060

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

KOVARS

CINDALEAH

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

1224 S.DXIE HIGHWAY

Suite, Apt. #, etc.

City, State

POMPANO BEACH

FL

Zip Code & Country

33060

US

40121606
#P97000039464

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PVST
Name (Last, First, Middle, Title) WASILEWSKI , IGOR

- OR -

Entity Name to serve as
Officer/Director

Street Address 1224 S. DIXIE HWY.
City, State POMPANO BEACH , FL
Zip Code & Country 33060

Title D
Name (Last, First, Middle, Title) WASILEWSKI , IGOR

- OR -

Entity Name to serve as
Officer/Director

Street Address 1224 S. DIXIE HWY.
City, State POMPANO BEACH , FL
Zip Code & Country 33060

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

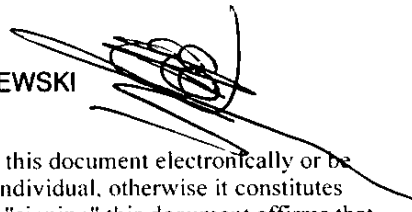
Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

OWN

Officer/Director Signature IGOR WASILEWSKI



This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that

the facts stated herein are true.

40121606
#P97000039464

Continue Reset

Start Over

[Sunbiz Home Page](#)[Annual Report Help](#)

* Hi, To Whom it might concern,
my accountant Mrs Kovacs was admitted to
The Hospital few weeks back. Due to a
"Stroke" I didn't get my (Annual Report
notice) and didn't know what to do
I couldn't ask her (she was ill).

I've Tried Filing on Line BUT
NO LUCK, I even called your
Office and the lady told (no keep
trying) on line Filing is very busy
BUT AT THIS POINT is my first already
and I decided to mail it in.