2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90078 039 ***158.75

DOCUMENT # 578544

1. Entity Name
SELECT SALES, INC.

Principal Place of Business	Mailing Address
5411 NW 72ND AVENUE MIAMI, FL 33166	P O BOX 171507 HIALEAH, FL 33017 US

50031362

03092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
335 WASHINGTON BLVD. N.E		P O BOX 2798	
Suite, Apt. #, etc. BAY 14		Suite, Apt. #, etc.	
City & State LAKE PLACID		City & State LAKE PLACID - FLORIDA	
Zip 33852	Country U.S.A	Zip 33862	Country U.S.A

4. FEI Number 59-1954071 ☐ Applied For ☐ 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
MACKENZIE, IAN MARK 7401 NW 68 ST., BAY 13 MIAMI, FL 33166	Name MACKENZIE, IAN MARK Street Address (P.O. Box Number is Not Acceptable) 113 DREAMTIME AVENUE City LAKE PLACID FL Zip Code 33852

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 [signature] IAN MARK MACKENZIE 03-15-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKENZIE, IAN 14051 SW 272ND ST. NARANJA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKENZIE, IAN 18266 MEDITERRANEAN BLVD HIALEAH, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKENZIE, IAN 113 DREAMTIME AVENUE LAKE PLACID, FL. 33852	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] IAN MARK MACKENZIE 03-15-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #