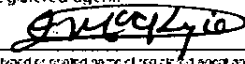
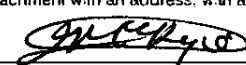


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 5411 NW 72ND AVENUE MIAMI, FL 33166			Mailing Address P O BOX 171507 HIALEAH, FL 33017 US		
2. Principal Place of Business 335 WASHINGTON BLVD. N.E.		3. Mailing Address P O BOX 2798			
Suite, Apt. #, etc. BAY 14		Suite, Apt. #, etc.			
City & State LAKE PLACID		City & State LAKE PLACID-FLORIDA		4. FEI Number 59-1954071	
Zip 33852		Country U.S.A		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 33862		Country U.S.A		6. Name and Address of Current Registered Agent MACKENZIE, IAN MARK 7401 NW 68 ST., BAY 13 MIAMI, FL 33166	
7. Name and Address of New Registered Agent 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  IAN MARK MACKENZIE DATE 03-15-2005 Signature, based on printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when changing)					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete MACKENZIE, IAN 14051 SW 272ND ST. NARANJA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete MACKENZIE, IAN 18266 MEDITERRANEAN BLVD HIALEAH, FL 33015				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PD ☒ Change ☐ Addition MACKENZIE, IAN 113 DREAMTIME AVENUE LAKE PLACID, FL 33852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  IAN MARK MACKENZIE DATE 03-15-2005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50031362



03092005 Chg-P CR2E034 (10/03)