


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 646954 1. Entity Name MALZ BROTHERS AUTO SALES, INC.	
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Principal Place of Business 3618 E KERRY LANE INVERNESS, FL 34452 US	Mailing Address 3618 E KERRY LANE INVERNESS, FL 34452 US
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02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1956364	Applied For Not Applicable
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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 MALZ, KEITH ALLEN 3618 E KERRY LANE INVERNESS, FL 34452
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/installing) DATE _____

**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALZ, ELEONORE 3618 E. KERRY LN. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALZ, KEITH ALLEN 3618 E. KERRY LANE INVERNESS, FL 34452
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

000001338457
04/28/05-80037-004 150.00

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: ELEONORE MALZ ELEONORE MALZ 04-27-05(352)726-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #