
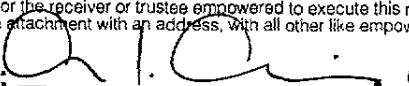


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F82641 1. Entity Name AUTO PRIDE, INC.		
Principal Place of Business 3111 UNIVERSITY DR SUITE 700 CORAL SPRINGS, FL 33065 US	Mailing Address 3111 UNIVERSITY DR SUITE 700 CORAL SPRINGS, FL 33065 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CERSOSIMO, CARON L 9451 NW 44 PL CORAL SPRINGS, FL 33065		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUSHNER, LLOYD C PD 3901 NW 103RD DRIVE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHMIDT, JOANNE M VD 9451 NW 44 PLACE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STV CERSOSIMO, CARON L STVD 9451 NW 44TH PLACE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  CARON L. CERSOSIMO 04/18/06 954.340.6670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2195657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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