

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96988

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: AUTOSENSE OF FLORIDA, INC.

**Current Principal Place of Business:**

10550 BISCAYNE BLVD  
MIAMI SHORES, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

17631 SW 76TH AVE  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 59-2238686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RABIN, ROBERT A  
6301 SUNSET DRIVE, SUITE 203  
SOUTH MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RIBERIRO, MARY ANNE,  
Address: 17631 SW 76TH AVE  
City-St-Zip: MIAMI, FL 00000,

Title: S ( ) Delete  
Name: SOLTZ, JOAN,  
Address: 8460 SW 151 ST.  
City-St-Zip: MIAMI, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANNE RIBEIRO

PRES

04/22/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date