


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90046 045 \*\*\*150.00

<b>DOCUMENT # H64912</b>		
1. Entity Name <b>SELA AUTO PAINT &amp; ACCESSORIES, INC.</b>		

Principal Place of Business <b>1035 NE 43RD PLACE OAKLAND PARK FL 33334 US</b>	Mailing Address <b>1035 NE 43RD PLACE OAKLAND PARK FL 33334 US</b>
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2. Principal Place of Business <b>11424 N.W. 1<sup>ST</sup> PLACE</b>	3. Mailing Address <b>11424 N.W. 1<sup>ST</sup> PLACE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL SPRINGS FL</b>	City & State <b>CORAL SPRINGS FL</b>	4. FEI Number <b>59-2556794</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33071</b>	Country <b>BROWARD</b>	Zip <b>33071</b>	Country <b>BROWARD</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>KUPFER, LAWRENCE M. 1700 UNIVERSITY DR., #110 CORAL SPGS. FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAKIND, ALAN 11424 NW 1ST PL CORAL SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **ALAN LAKIND** **3/18/05** **954-752-4268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #