2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # L54295 1. Entity Name EUROPEAN FINE CAR REPAIRS, INC. Principal Place of Business Mailing Address C/O NICOLAE S. HOSSU 90 WEST SPANISH RIVER BLVD. BOCA RATON FL 33431 C/O NICOLAE S. HOSSU 90 WEST SPANISH RIVER BLVD. BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 65-0184180 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOSSU, NICOLAE S. Street Address (P.O. Box Number is Not Acceptable) 90 WEST SPANISH RIVER BLVD. **BOCA RATON FL 33431** City Zip Code 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. ! 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. 🛚 📋 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS ☐ Delete TOTAL Change Addition HOSSU, NICOLAE S. NAME NAME UQOQQO264809 90 W. SPANISH RIVER BLVD STREET ADDRESS STREET ADDRESS 03/16/05-80030-011 150.00 BOCA RATON FL CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOSSU, NICOLAE S. NAME NAME STREET ADDRESS 90 W. SPANICH RIVER BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P C/TY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete 11111 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZP

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.

AME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

FILED

Daytme Phone #