


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M17715</b> 1. Entity Name <b>A &amp; D GOLF CARTS SERVICES, INC.</b>		
Principal Place of Business <b>% ABILIO GONZALEZ</b> <b>11425 S. W. 47TH ST.</b> <b>MIAMI, FL 33165</b>	Mailing Address <b>% ABILIO GONZALEZ</b> <b>11425 S. W. 47TH ST.</b> <b>MIAMI, FL 33165</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ABILIO</b> <b>11425 S. W. 47TH ST.</b> <b>MIAMI, FL 33165</b>		
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 title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div style="width: 40%;">         9. Election Campaign Financing          Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be          Added to Fees       </div> <div style="width: 30%;"></div> </div>		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	TPD	
NAME	GONZALEZ, ABILIO	
STREET ADDRESS	11425 S. W. 47TH ST.	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	
NAME	GONZALEZ, SIOMARA	
STREET ADDRESS	11425 S.W. 47TH ST.	
CITY-ST-ZIP	MIAMI, FL	
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 exemption stated in Section 119.07(3)(f), 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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2550066</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

000000250085  
03/03/05-80030-005 150.00

DO NOT WRITE  
IN THIS SPACE

2/26/05 315 223 6242