

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90449 010 ***150.00

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|--|-------------------------------------|---|--|---|--|
| DOCUMENT # M22460 1. Entity Name COLLEGE AUTO SALES OF FLORIDA, INC. | | | | | |
| Principal Place of Business 9050 NW 27TH AVE MIAMI, FL 33147 US | | | Mailing Address 308 ALHAMBRA CIR CORAL GABLES, FL 33134 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2639297 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAMOUN, FADI 761 LAUREL LANE E. PEMBROKE PINE, FL 33027 | | | | 7. Name and Address of New Registered Agent Name CHAMOUN, FADI Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL KEY DRIVE, APT. 3702 City MIAMI FL Zip Code 33131 | |
| 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 reinstating) DATE</small> | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PVP <input type="checkbox"/> Delete | | TITLE | PVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHAMOUN, FADI | | NAME | CHAMOUN, FADI | |
| STREET ADDRESS | 761 LAUREL LANE EAST | | STREET ADDRESS | 848 BRICKELL KEY DRIVE APT. 3702 | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | | CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | ST <input type="checkbox"/> Delete | | TITLE | ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOURAD, MAHA | | NAME | MOURAD, MAHA | |
| STREET ADDRESS | 1072 S.W. 156 TERRACE | | STREET ADDRESS | 520 ENCLAVE CIRCLE WEST | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | | CITY-ST-ZIP | PEMBROKE PINES FL 33027-1200 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: | | | MAHA MOURAD 4/13/06 (305) 446-1120 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |