

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000010003 1. Entity Name AUTONET INTERNATIONAL GROUP, INC.	
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Principal Place of Business 10103 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418	Mailing Address 10103 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418
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DO NOT WRITE IN THIS SPACE



03012003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0979746	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINO, FRANK J
10103 HUNT CLUB LANE
PALM BEACH GARDENS, FL 33418

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000159252 05/10/04 00023 003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINO, FRANK J 10103 HUNT CLUB LANE PALM BEACH GARDENS, FL 33418
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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)(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.

SIGNATURE: Frank J. Martino **5/1/04** **561-691-0065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #