

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 048 ***150.00

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1. Entity Name

TRIPLE R QUALITY DETAILING, INC.



Principal Place of Business

900 NE 2ND AVE
FORT LAUDERDALE FL 33304

Mailing Address

4777 HIBBS GROVE WAY
FORT LAUDERDALE FL 33330

2. Principal Place of Business

LAUDERDALE - MIAMI
AUTO AUCTION

3. Mailing Address

Suite, Apt. #, etc.

5353 SOUTH STATE RD. 7

City & State

DAVIE, FLORIDA

City & State

Zip

33314

Country

USA

Zip

Country

4. FEI Number

65-0990116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

GERO, THOMAS A
300 S. PINE ISLAND ROAD
SUITE 237
PLANTATION FL 33324-2631

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

THOMAS A GERO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

3-17-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SARGENT, RONALD
STREET ADDRESS 4777 HIBBS GROVE WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33330

TITLE STD ☐ Delete
NAME SARGENT, PATRICIA
STREET ADDRESS 4777 HIBBS GROVE WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33330

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald L. Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD L. SARGENT 03-17-06

Date

Daytime Phone #

954-680-9514