

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000079223

FILED
Sep 06, 2005
Secretary of State

Entity Name: EAST COAST AUTOMOTIVE DISTRIBUTORS, INC.

Current Principal Place of Business:

1401 S.E. 15TH STREET
APT 210
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1401 S.E. 15TH STREET
APT 210
FORT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1038224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROB VAN EPPS
1401 S.E. 15TH STREET #210
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROB VAN EPPS,
Address: 1401 S.E. 15TH STREET #210
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: O () Delete
Name: VAN EPPS, LINDA
Address: 1401 SE 15 STREET, #210
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VAN EPPS

PRES

09/06/2005

Electronic Signature of Signing Officer or Director

Date