

2005 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

05-11-2005 90123 028 ****61.25
06-10-2005 90047 033 ****88.75

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|--|---|---|---|---|--|
| DOCUMENT # P00000104166 1. Entity Name RW CAR OUTLET, INC. | | | | | |
| Principal Place of Business 1855 DR ANDRE'S WAY UNIT 6 DELRAY BEACH, FL 33445 | | | Mailing Address 4899 NORTHWEST 6TH STREET DELRAY BEACH, FL 33445 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SPIEGEL & UTRERA, P.A. 1840 S.W. 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP | PSTD JOZILE, RODOLPHE 4899 NORTHWEST 6TH STREET DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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)(i), 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 information empowered. | | | | | |
| SIGNATURE: <i>Rodolphe Jozile</i> 05-04-05 (560) 441-4564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

