

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000003959

Entity Name: AUTOMAX OF TAMPA, INC.

FILED
Apr 01, 2005
Secretary of State

Current Principal Place of Business:

AUTOMAX OF TAMPA INC.
#29
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

4119 GUNN HIGHWAY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3692032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIJAN, CYRUS
4119 GUNN HWY #29
TAMPA, FL 33618 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIJAN, CYRUS
Address: 5360 BLACK PINE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: RAVER, DAVID G
Address: 14003 MIDDLE PARK DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BIJAN, CYRUS
Address: 5360 BLACK PINE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: V P (X) Change () Addition
Name: RAVER, DAVID G
Address: 14003 MIDDLE PARK DR
City-St-Zip: TAMPA, FL 33624

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: CYRUS BIJAN

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date