

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90253 029 ***150.00

DOCUMENT # P01000036707					
1. Entity Name CAR PLAZA OF NORTH LAUDERDALE, INC.					
Principal Place of Business 8360 WEST OAKLAND PARK BLVD. SUITE 201 SUNRISE, FL 33351			Mailing Address 8360 WEST OAKLAND PARK BLVD. SUITE 201 SUNRISE, FL 33351		
2. Principal Place of Business		3. Mailing Address		03242004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1090848	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KADOCH, DAVID 8360 WEST OAKLAND PARK BLVD. SUITE 201 SUNRISE, FL 33351				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE TD	NAME ZOUR, ISRAEL	<input type="checkbox"/> Delete	TITLE PD	NAME Mendiola, Jose	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8360 WEST OAKLAND PARK BLVD. #201	CITY-ST-ZIP SUNRISE, FL 33351		STREET ADDRESS 2425 NW 139th Ave	CITY-ST-ZIP Sunrise, FL 33323	
TITLE VD	NAME MENDIOLA, JOSE	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Kadoch, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8360 WEST OAKLAND PARK BLVD. #201	CITY-ST-ZIP SUNRISE, FL 33351		STREET ADDRESS 1250 NW Flamingo Rd	CITY-ST-ZIP Plantation, FL	
TITLE DP	NAME KADOCH, DAVID	<input type="checkbox"/> Delete	TITLE VP	NAME Forester, Bruce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1250 NW 124TH AVE	CITY-ST-ZIP PLANTATION, FL		STREET ADDRESS 4045 Sheridan Ave	CITY-ST-ZIP North Miami, FL	
TITLE CEO	NAME YARNELL, KEITH	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8360 WEST OAKLAND PARK BLVD. #201	CITY-ST-ZIP SUNRISE, FL 33351		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 like empowered.					
SIGNATURE: <i>Bruce Forester</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE J. FORESTER			26 APRIL 2004 954-749-2030 X-161 Date Daytime Phone #		