


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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
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03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1090848	Applied For Not Applicable
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
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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)</small>
DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ZOUR, ISRAEL 8360 WEST OAKLAND PARK BLVD. #201 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENDIOLA, JOSE 2425 NW 139TH AVE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KADOCH, DAVID 1250 NW 124TH AVE PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YARNELL, KEITH 8360 WEST OAKLAND PARK BLVD. #201 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KADOCH, MICHAEL 1250 NW FLAMINGO RD PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORESTER, BRUCE 4045 SHERIDAN AVE NORTH MIAMI, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 another like empowered.	
SIGNATURE: <u>BRUCE S. FORESTER</u> VICE PRESIDENT + CFO	Date <u>22 APR 2005</u> Daytime Phone # <u>954 749 2030</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	