

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036707

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CAR PLAZA OF NORTH LAUDERDALE, INC.

## Current Principal Place of Business:

8360 WEST OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

8360 WEST OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 65-1090848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KADOCH, DAVID  
8360 WEST OAKLAND PARK BLVD.  
SUITE 201  
SUNRISE, FL 33351 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: PD ( ) Delete  
Name: MENDIOLA, JOSE  
Address: 626 VERONA PLACE  
City-St-Zip: WESTON, FL 33326

Title: PD ( ) Delete  
Name: MENDIOLA, JOSE  
Address: 2425 NW 139TH AVE  
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete  
Name: KADOCH, MICHAEL  
Address: 1250 NW FLAMINGO RD  
City-St-Zip: PLANTATION, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition  
Name: ZOUR, ISRAEL  
Address: 1000 E ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ISRAEL ZOUR

DT

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date