

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90697 033 ***150.00

DOCUMENT # P01000039267					
1. Entity Name DEEN AUTO GROUP, INC.					
Principal Place of Business 1943 N UNIVERSITY DR CORAL SPRINGS, FL 33054			Mailing Address 1943 N UNIVERSITY DR CORAL SPRINGS, FL 33054		
2. Principal Place of Business <i>1943 N UNIVERSITY DR</i>		3. Mailing Address <i>1943 N UNIVERSITY DR</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004 Chg-P CR2E034 (10/03)	
City & State <i>CORAL SPRINGS FL</i>		City & State <i>CORAL SPRINGS FL</i>		4. FEI Number 65-1094443	
Zip <i>33071</i> Country <i>USA</i>		Zip <i>33071</i> Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMRAN, ANTHONY 1943 N UNIVERSITY DR CORAL SPRINGS, FL 33054			7. Name and Address of New Registered Agent Name <i>DEEN, ANTHONY E</i> Street Address (P.O. Box Number is Not Acceptable) <i>1943 N UNIVERSITY DR</i> City <i>CORAL SPRINGS</i> FL Zip Code <i>33071</i>		
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 <i>Anthony Deen</i> ANTHONY DEEN <i>4/26/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 PD NAME DEEN, ANTHONY E STREET ADDRESS 1943 N UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33054	<input type="checkbox"/> Delete		TITLE PD NAME DEEN, ANTHONY E STREET ADDRESS 1943 N UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DEEN, SHAZEEDA STREET ADDRESS 1943 N UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS, FL 33054	<input type="checkbox"/> Delete		TITLE VD NAME DEEN, SHAZEEDA STREET ADDRESS 1943 N UNIVERSITY DR CITY-ST-ZIP CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Anthony Deen</i> ANTHONY DEEN			<i>4/16/04</i> (754) 224-6323 <small>Date Daytime Phone #</small>		