## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P01000099153** 02-17-2005 90018 008 \*\*\*150.00 1. Entity Name GERMAN AUTOS, INC. Principal Place of Business Mailing Address ZUULUIVU 3401 NE 6 TERR 3401 NE 6 TERR POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042005 CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-1146087 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bro mann TRONCOME; MONIQUE: CPA Street Address (P.O. Box Number is Not Acceptable) 499 E PALMETTO PARK RD BOCA RATON, FL 33432 Abmits 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 8. The above named a the obligations of SIGNATURE yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstitting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE Change Addition TITLE BROLMANN, PETER NAME NAME STREET ADDRESS 3853 NW 1ST DRIVE STREET ADDRESS CITY - ST - ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP Addition ☐ Chance VΡ TITLE ☐ Delete TITLE BROLMANN, ARIANY NAME NAME STREET ADDRESS 3853 NW 1ST DRIVE STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 nental 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 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 12. Thereby certify that the information of the corporation or the rece changed, or on an attachme SIGNATURE:

FILED Feb 17, 2005 8:00 am