


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000112190 1. Entity Name BLUE MAX GERMAN MOTORCARS, INC.	
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Principal Place of Business ONE WEST LINTON BLVD. #25 DELRAY BEACH, FL 33444	Mailing Address ONE WEST LINTON BLVD. #24 DELRAY BEACH, FL 33444
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0802233	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 BOUILLETTE, CHARLOTTE E ONE WEST LINTON BLVD. #24 DELRAY BEACH, FL 33444

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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</small>	(NOTE: Registered Agent signature required when rehashing)	DATE _____
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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	PD MIU, JON ONE WEST LITON BLVD. #24 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOUILLETTE, CHARLOTTE E ONE WEST LINTON BLVD. #24 DELRAY BEACH, FL 33444
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U00000243575 02/25/05-80044-022 150.00
DO NOT WRITE IN THIS SPACE

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>Charlotte Bouillette</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/21/05 (561) 278-4400 <small>Date Daytime Phone #</small>
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