2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # F02000118498

1. Entity Name



FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90385 015 ***150.00

SKIP'S CLASSIC CARS INCORPORATED						0.17 2003 70	505 015	130.00		
	e of Business, ACT AVENUE HWEST 15TH AVENUE DERDALE FL 33309	Mailing Address 4800-NORTHWEST 15TH FORT LAUDERDALE FL		23/490	i Id Magazin Renger			** s _s ,		
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)					
City & State		City & State			4. FEI Numb	er 90-005606	0		plied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
SPERLING, JOANNE M				Traine						
480	O N.W. 15TH AVENUE RT LAUDERDALE FL 33309		Street A	Address (P	P.O. Box Numb	er is Not Acceptab	ie)			
			City				FL	Zip Code	e	
8 The above	named entity submits this statement for	r the ournose of changing its re	enistered office o	or registere	ed agent or bo	oth in the State of F		miliar with	and accept	
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 (NOTE, Registered Agent signature required when reinstating) DATE										
8 98 8 8 6 E	ILE NOW!!! FEE IS \$150.00									
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						 Election Camp Trust Fund Co 			00 May Be ed to Fees	
10,	OFFICERS AND [DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGES TO OF	FICERS AND [DIRECTORS	5 IN 1 t	
TITLE	D	☐ Delete	TITLE	Du	recto	2 the	dist	Change	Addition	
NAME STREET ADDRESS	SCHAEFER, CLINTTON C 4800 NORTHWEST 15TH AVENUE		NAME STREET ADDRESS	VI	ens	irer			ı	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-S1-ZIP				_			
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NAME	SCHAEFER, DANA		NAME	Ver	~~ ×	A	- ora	5		
STREET ADDRESS CITY-ST-ZIP	4800 NORTHWEST 15TH AVENUE FORT LAUDERDALE FL 33309		STREET ADDRESS CITY-ST-ZIP	سکه ا	me	las				
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NAME	SPERLING, JOANNE	Li Oelele	NAME		ure	ener 1	keel		Addition	
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CITY-SF-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP							
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>						
12. I hereby	certify that the information supplied with	this filing does not qualify for the	he exemption sta	ated in Sec	tion 119.07(3)	(i), Florida Statutes	. I further certif	y that the ir	nformation	

indicated on this report of explicit which 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 simpowered.

SIGNATURE: