

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000134938

1. Entity Name
AUTO WAREHOUSE, INC.



Principal Place of Business

5500 NW 15TH STREET, SUITE M-11
MARGATE, FL 33063

Mailing Address

5500 NW 15TH STREET, SUITE M-11
MARGATE, FL 33063

FILED

2005 SEP 16 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08252005 No Chg-P CR2E034 (10/03)

4. FEI Number
27-0043957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNSTEIN, BRYAN
5500 NW 15TH STREET, SUITE M-11
MARGATE, FL 33063

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERNSTEIN, BRYAN
STREET ADDRESS	5500 NW 15TH STREET, SUITE M-11
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	BERNSTEIN, FRANCOISE
STREET ADDRESS	5500 NW 15TH STREET, SUITE M-11
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-05

Date

Daytime Phone #