

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

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|---|---|--|--|---|--|
| DOCUMENT # P03000007939 1. Entity Name ALLIANCE AUTO GROUP, INC. | | | |  | |
| Principal Place of Business PENINSULA EXECUTIVE CENTER 2385 EXECUTIVE CENTER DRIVE., STE 100 BOCA RATON, FL 33431 | | | Mailing Address PENINSULA EXECUTIVE CENTER 2385 EXECUTIVE CENTER DRIVE., STE 100 BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ | | 3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ | |  | |
| 4. FEI Number 26-0061953 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete MUSGRAVE, ANGELA 7118 IVY CROSSING LANE BOYNTON BEACH, FL 33436 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | XXXXXXXXXXXX <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000233785 02/17/05-80055-001150 020 | |
| 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 | |
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| 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: X Angela Musgrave Angela Musgrave 2/12/05 561-433-2466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |