

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048180

Entity Name: JULIUS AUTOMOTIVE GROUP, INC.

FILED
Apr 16, 2005
Secretary of State

Current Principal Place of Business:

119 BROOKHAVEN CT.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

806 OLD DIXIE HWY
UNIT #7
LAKE PARK, FL 33403

Current Mailing Address:

119 BROOKHAVEN CT.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 05-0563424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIUS, NICHOLAS A
119 BROOKHAVEN CT.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JULIUS, NICHOLAS A
Address: 119 BROOKHAVEN CT.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: JULIUS, PETER J
Address: 119 BROOKHAVEN CT
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J JULIUS

PRES

04/16/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date