

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064814

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: AUTOSPA SOUTH CORPORATION

## Current Principal Place of Business:

11705 BISCAYNE BLVD  
MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

11705 BISCAYNE BLVD  
MIAMI, FL 33181

## New Mailing Address:

FEI Number: 20-1691285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARSHALL, M. KEITH  
18305 BISCAYNE BLVD., SUITE 300  
AVENTURA, FL 33160 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: MOFSHIN, HOWARD  
Address: 11705 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: D ( ) Delete  
Name: BARAM, ABA  
Address: 11705 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition  
Name: PERL, BEZALEL  
Address: 3501 SOUTHERN ORCHARD RD.  
City-St-Zip: DAVIE, FL 3328

Title: P/D (X) Change ( ) Addition  
Name: BARAM, ABA  
Address: 11705 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33181

Title: VP/D ( ) Change (X) Addition  
Name: SCHWARTZ, SHLOMO  
Address: 125 PIERMONT AVE.  
City-St-Zip: HEWLETT, NY 11557

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: ABA BARAM

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date