

2005 FOR PROFIT CORPORATION ANNUAL REPORT


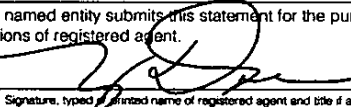
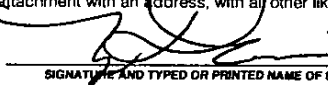
FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90023 001 ***150.00

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03292005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000076711			
1. Entity Name LUXURY AUTO BROKERS, INC.			
Principal Place of Business 5011 WILES RD 205 COCONUT CREEK, FL 33073 US		Mailing Address 5011 WILES RD 205 COCONUT CREEK, FL 33073 US	
2. Principal Place of Business 73 SW. 9th STREET		3. Mailing Address 73 S.W. 9th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Bch, FL		City & State Deerfield Bch, FL	
Zip 33441		Zip 33441	
Country USA		Country USA	
4. FEI Number 30-0189941		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEPPA, DANIEL 5011 WILES RD 205 COCONUT CREED, FL 33073		7. Name and Address of New Registered Agent Name MARY Dieppa Street Address (P.O. Box Number is Not Acceptable) 73 S.W. 9th STREET City Deerfield Beach FL Zip Code 33441	
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.		MARY Dieppa 3/29/05 (NOTE: Registered Agent signature required when re-issuing) DATE	
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	P DIEPPA, DANIEL 5011 WILES RD #205 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,TR DIEPPA, MARY 5011 WILES RD #205 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/05 Date Daytime Phone #	