
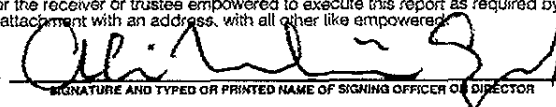


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000084687</b> 1. Entity Name AUTOHAUS GROUP, INC.					
Principal Place of Business 1406 S. STATE ROAD 7 HOLLYWOOD, FL 33023			Mailing Address PO BOX 14-1156 CORAL GABLES, FL 33114-1156		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01062004    Chg-P    CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For Not Applicable</span>	
6. Name and Address of Current Registered Agent  FORMAN, TERRY J 1521 SW LEJEUNE ROAD CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MOSHIRI-AZAD, ALI A 4189 GROVE LANE MARSHALL, VA 20115		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000018510 01/28/04-80138-015 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NIKPOUR, SAIED 6600 SW 123RD STREET MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change    Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change    Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> 			1-20-04    954-964-5991 Date    Daytime Phone #		