

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084687

Entity Name: AUTOHAUS GROUP, INC.

FILED
Jan 28, 2005
Secretary of State

Current Principal Place of Business:

1406 S. STATE ROAD 7
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-1156
CORAL GABLES, FL 331141156

New Mailing Address:

FEI Number: 20-0126793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, TERRY J
1521 SW LEJEUNE ROAD
CORAL GABLES, FL 33134 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: PD () Delete
Name: MOSHIRI-AZAD, ALI A
Address: 4189 GROVE LANE
City-St-Zip: MARSHALL, VA 20115

Title: S () Delete
Name: NIKPOUR, SAIED
Address: 6600 SW 123RD STREET
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOSHIRI-AZAD, ALI A
Address: 8105 SW 138 STREET
City-St-Zip: MIAMI, FL 33158

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

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: ALI MOSHIRI AZAD

PD

01/28/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date