2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01, 2006 08:00 AM DOCUMENT # P03000121862 **Secretary of State** 1. Entity Name ADVANCE FUTURETECH AUTO, INC. Principal Place of Business Mailing Address 4081 NE 8TH AVE 4081 NE 8TH AVE. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0356206 Not Applicat? Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUXABLE, TERRANCE Street Address (P.O. Box Number is Not Acceptable) 351 SW 83RD AVE NORTH LAUDERDALE FL 33068 City 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 Signature Types or provide name of registered agend and this if applicable OATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6 After May 1, 2006 Fee Will Be \$550.00 _ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTURS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete 33315 MGR ☐ Change Adami... RILE NAME HUXABLE, TERRENCE 6(AAAE U0000041**44**04 STREET ADDRESS 4081 NE 8TH AVE STREET ADORESS. 02/11/06-80035-011 158.75 CHY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-SI-ZIP THEE ☐ Defete □ Change Addition BILL NAME STRECT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Mary Mary mile Delete HILE MAME NAM. STREET ADDRESS STRLLT AUDRESS CITY-ST-ZIP CHY-ST-ZP MILE ☐ Defete A.k.mi ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-S7-ZIP THE ☐ Delete TITE Change A. A. A. A. Gillion NAME STREET ADDRESS STREET ADDRESS City-SI-76 CITY-ST-ZIP 33111 ☐ Delete □ Advisor ☐ Change THE

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Fforida 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.

NAME

STREET ADDRESS

CHY-ST-DP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

hum

954-781-3843