

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 21, 2005 8:00 am  
Secretary of State

05-02-2005 90437 013 \*\*\*150.00

DOCUMENT # P04000012471

1. Entity Name  
AUTO SOURCE OF AMERICA, INC.



Principal Place of Business  
7762 NW 20TH CT.  
SUNRISE, FL 33322 US

Mailing Address  
7762 NW 20TH CT.  
SUNRISE, FL 33322 US

2. Principal Place of Business  
630 NE 56TH CT.  
State, Apt. #, etc.

3. Mailing Address  
630 NE 56TH CT.  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale FL

City & State  
Fort Lauderdale FL

Zip  
33334

Country  
Broward

Zip  
33334

Country  
Broward

03102005 Chg-P CR2E034 (10/03)



6. Name and Address of Current Registered Agent  
WRIGHT, HOLLY E  
7762 NW 20TH CT.  
SUNRISE, FL 33322

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the address. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WRIGHT, HOLLY E<br>6299 W. SUNRISE BLVD. SUITE 120<br>SUNRISE, FL 33313 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Holly E. Wright Pres. 3/16/05 954-211-3987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

66023510  
#P04000012471

Auto Source of America Inc.  
630 NE 56th Ct.  
Fort Lauderdale FL 33334

June 15th, 2005

Florida Dept of State

Re: Annual Report for 2005

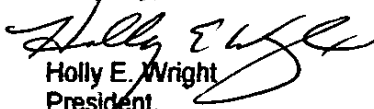
On June 14th, 2005, I received my annual report returned for lack of my EIN# noted on the document. I have completed this information and am returning it to you in today's mail.

The problem is that my Corporate and Registered Agent address has changed effective 4/11/05.

I have attempted to change this via the sunbiz.org website but to no avail. I have completed # 2 and # 3 for the change of address noted on this document.

If there are any other questions, feel free to contact me.

Sincerely,

  
Holly E. Wright  
President,  
Auto Source of America Inc.  
954-270-3987