


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90006 005 \*\*\*150.00

<b>DOCUMENT # P04000012471</b>					
<b>1. Entity Name</b> AUTO SOURCE OF AMERICA, INC.					
<b>Principal Place of Business</b> 630 NE 56TH COURT FORT LAUDERDALE, FL 33334 US			<b>Mailing Address</b> 630 NE 56TH COURT FORT LAUDERDALE, FL 33334 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0627319	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WRIGHT, HOLLY E 7762 NW 26TH CT SUNRISE, FL 33322			Name Street Address (P.O. Box Number is Not Acceptable) 630 NE 56TH CT. City <u>Fort Lauderdale</u> <b>FL</b> Zip Code <u>33334</u>		
<b>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.</b>					
<b>SIGNATURE</b> <u>Holly E. Wright</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(NOTE: Registered Agent signature required when reinstating) <b>DATE</b> <u>1-24-06</u>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> P	<b>NAME</b> WRIGHT, HOLLY E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 6299 W. SUNRISE BLVD. SUITE 120	<b>CITY - ST - ZIP</b> SUNRISE, FL 33343		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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**4. FEI Number**  
20-0627319

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
630 NE 56TH CT.

City Fort Lauderdale **FL** Zip Code 33334

**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** Holly E. Wright **DATE** 1-24-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

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<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Holly E. Wright **DATE** 1-24-06 **Daytime Phone #** 954-270-3987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR