


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90039 021 ***150.00

DOCUMENT # P04000100560
 1. Entity Name
AUCTION TRUST CLOSEOUTS, INC



Principal Place of Business Mailing Address
 17000 N. BAY RD.
 1508
 SUNNY ISLES BEACH FL 33160 17000 N. BAY RD.
 1508
 SUNNY ISLES BEACH FL 33160

2. Principal Place of Business 3. Mailing Address
17000 N Bay Rd. **17000 N. Bay Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1508 **1508**

City & State City & State
Sunny Isles Beach **Sunny Isles Beach**
 Zip Country Zip Country
FL **33160** **FL** **33160**



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
270095978 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PACINO, JEAN P SR.
3120 W HALLANDALE
#521
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name **Mr. Jorge Navarro**
 Street Address (P.O. Box Number is Not Acceptable)
1623 Lenox Ave. #20
 City **Miami Beach** FL Zip Code **33139**

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 Jorge Navarro DATE 3-3-05
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SARMIENTO, ANDRES E SR.	
STREET ADDRESS	17000 N. BAY RD. #1508	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] DATE: 3-5-05 DAYTIME PHONE #: 3059476400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #