


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 17000 N. BAY RD. 1508 SUNNY ISLES BEACH FL 33160	Mailing Address 17000 N. BAY RD. 1508 SUNNY ISLES BEACH FL 33160
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2. Principal Place of Business 17000 N Bay Rd.	3. Mailing Address 17000 N. Bay Rd
Suite, Apt. #, etc. 1508	Suite, Apt. #, etc. 1508
City & State Sunny Isles Beach	City & State Sunny Isles Beach
Zip FL 33160	Zip FL 33160



1st MOORE CR2E034 (10/04)

4. FEI Number 270095978		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARMIENTO, ANDRES E SR. 17000 N. BAY RD. #1508 SUNNY ISLES BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jorge Navarro* **3-3-05 3089476400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #