


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90100 032 ***150.00

DOCUMENT # P04000103215			
1. Entity Name BRAND SPANKIN USED AUTO SALES, INC.			
Principal Place of Business 6947 COLLEGE COURT DAVIE, FL 33317		Mailing Address 6947 COLLEGE COURT DAVIE, FL 33317	
2. Principal Place of Business 4701 S.W. 45 Street Suite, Apt. #, etc. Bldg 8 #33 City & State Davie, Florida Zip 33314 Country USA		3. Mailing Address 6947 College Court Suite, Apt. #, etc. City & State Davie, Florida Zip 33317 Country USA	
02032005 Chg-P CR2E034 (10/03)		4. FEI Number 51-0515291 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 MARTINEZ, JOSE M 6947 COLLEGE COURT DAVIE, FL 33317		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: <i>Jose Martinez</i> (Director) DATE: 4-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE M 6947 COLLEGE COURT DAVIE, FL 33317 <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: <i>Jose Martinez</i> (Director) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-13-05 (951)245-8099 <small>Date Daytime Phone #</small>	