

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-22-2005 90285 025 ***158.75

DOCUMENT # P04000130938			
1. Entity Name CARE FREE AUTOS, INC.			
Principal Place of Business 5500 NW 15TH STREET #M10 MARGATE, FL 33063		Mailing Address 5500 NW 15TH STREET #M10 MARGATE, FL 33063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 55-0882826		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, LOU R 5500 NW 15TH STREET #M10 MARGATE, FL 33063		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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____ (NOTE: Registered Agent's Signature is Required for Renewal)	
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 NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, LOU R 5500 NW 15TH STREET #M10 MARGATE, FL 33063 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE L. RUIZ Jr. 5500 NW 15TH ST. M10 MARGATE, FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, LOU R 5500 NW 15TH STREET #M10 MARGATE, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUIZ, LOU R 5500 NW 15TH STREET #M10 MARGATE, FL 33063 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM R. RUIZ 1014 NE 5th PLACE CAPE CORAL, FL 33909 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, LOU R 5500 NW 15TH STREET #M10 MARGATE, FL 33063 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSE L. RUIZ Jr. 5500 NW 15TH ST. #M10 MARGATE, FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOSE L. RUIZ Jr. 5500 NW 15TH ST. #M10 MARGATE, FL 33063 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 01-17-2005 954-979-0187 Daytime Phone #	