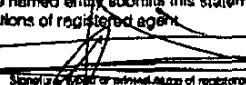
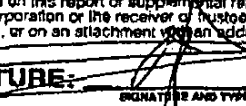


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90222 008 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000153026			
1. Entity Name AUTOMOTIVE WARRANTY ADVISORS, INC.			
Principal Place of Business 140 LEONI DRIVE ISLAMORADA, FL 33036 US		Mailing Address 140 LEONI DRIVE ISLAMORADA, FL 33036 US	
2. Principal Place of Business 5101 NW 21st Ave Suite 450 Suite, Apt. #, etc.		3. Mailing Address 5101 NW 21st Ave Suite 450 Suite, Apt. #, etc.	
City & State Ft. Lauderdale FL		City & State Ft. Lauderdale, FL	
Zip 33309	Country Broward	Zip 33309	Country Broward
4. FEI Number 20-1855519		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHATZBERG, BRIAN 140 LEONI DRIVE ISLAMORADA, FL 33036		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 		DATE 4/26/05	
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 SCHATZBERG, BRIAN 140 LEONI DRIVE ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHATZBERG, BRIAN 140 LEONI DRIVE ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHATZBERG, BRIAN 140 LEONI DRIVE ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHATZBERG, BRIAN 140 LEONI DRIVE ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 of trust or 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: 		DATE 4/26/05 954-535-9256	