

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000002513

1. Entity Name
KAZMA AUTO SALES, INC.



Principal Place of Business _____ Mailing Address
3400 N. HWY 17-92 3400 N. HWY 17-92
LONGWOOD, FL 32750 US LONGWOOD, FL 32750 US

DO NOT WRITE IN THIS SPACE

**FILED
Jan 24, 2005 08:00 AM
Secretary of State**



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3217440	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAZMA, MOHAMAD S
3400 N. HIGHWAY 17-92
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000191131
01/24/05-80161-021 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KAZMA, MOHAMAD S
STREET ADDRESS 363 DEER POINTE CIR.
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D
NAME KAZMA, KAREN
STREET ADDRESS 363 DEER POINTED CIR.
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE
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:

KAREN KAZMA

1-18-05

407 324-3110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #