2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 13, 2005 08:00 AN Secretary of State

DOCUMENT # P9400086623 1. Entity Name NORTHERN AUTO & TRUCK SALES, INC.						50	ecretary o	1 Stati
Principal Place of Business Mailing Address 1130 NE 6TH AVE 1130 NE 6TH AVE FT LAUDERDALE, FL 33304 FT LAUDERDALE, FL 33				,	1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 (851) 81811 38 12 58 14 58	iii eekek 10130 aliile aliis	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005	Chg-P	CR2E034 (10/03)	
City & State		- City & State			4. FEI Numb 65-064		N	pplied For ot Applicable
Zip	Country	Žip	Coun	atry	5. Certificate	of Status Desired	S8.75 Ad Fee Require	
6. N	Name	7. Name and	Address of New F	Registered Agent				
MARUCCI, ROC 633 SE 3RD AVI FT LAUDERDAL	#302	Street Address		Street Address ((P.O. Box Number is Not Acceptable)			
				City		· · · · · · · · · · · · · · · · · · ·	FL Zip Coo	de .
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.								
SIGNATURESignature, typed of printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when refrastating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
STREET ADDRESS 6331	RINOR, WHISLER SW <u>8</u> ST. JD, FL 33068	☐ Delete		1		U0000 05/13/05	□ Change 10366631 -80013-015 1	□ Addition 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·· }			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Į.			☐ 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)(f). 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 ampowered 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: Destination Desti								