

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000086623

1. Entity Name

NORTHERN AUTO & TRUCK SALES, INC.



Principal Place of Business

**1130 NE 6TH AVE
FT LAUDERDALE, FL 33304**

Mailing Address

**1130 NE 6TH AVE
FT LAUDERDALE, FL 33304**



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0640332

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARUCCI, ROCCO G
633 SE 3RD AVE #302
FT LAUDERDALE, FL 33301**

**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
Due by September 6, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

**TITLE VPD
NAME FLEURINOR, WHISLER
STREET ADDRESS 6331 SW 8 ST.
CITY-ST-ZIP N LAUD, FL 33068**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**000000559719
05/18/06-80010-011 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

Daytime Phone #