

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051747

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: SILVER STAR WORLDWIDE AUTO REPAIR, INC.

**Current Principal Place of Business:**

74 NORTH YONGE STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

74 NORTH YONGE STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3325963      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSCA, JOSEPH M  
74 NORTH YONGE STREET  
ORMOND BEACH, FL 32174      US

**Name and Address of New Registered Agent:**

AQUINO, ENZO  
74 NORTH YONGE STREET  
ORMOND BEACH, FL 32174      US

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.

SIGNATURE: ENZO AQUINO      01/25/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: MOSCA, JOSEPH M  
Address: 5 REFLECTIONS VILLAGE  
City-St-Zip: ORMOND BCH., FL 32174

Title: S      ( ) Delete  
Name: MOSCA, JOSEPH M  
Address: 5 REFLECTIONS VILLAGE  
City-St-Zip: ORMOND BCH., FL 32174

Title: P      ( ) Delete  
Name: AQUINO, ENZO  
Address: 5 REFLECTIONS VILLAGE  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S      (X) Change ( ) Addition  
Name: AQUINO, ENZO  
Address: 5 REFLECTIONS VILLAGE  
City-St-Zip: ORMOND BCH., FL 32174

Title: S      (X) Change ( ) Addition  
Name: AQUINIO, ENZO  
Address: 5 REFLECTIONS VILLAGE  
City-St-Zip: ORMOND BCH., FL 32174

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENZO AQUINO      P      01/25/2005  
Electronic Signature of Signing Officer or Director      Date