

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044275

FILED  
May 27, 2004  
Secretary of State

Entity Name: VILLAGE CAR SERVICE II, INC.

**Current Principal Place of Business:**

245 S. FEDERAL HWY.  
DANIA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

245 S. FEDERAL HWY.  
DANIA, FL 33004

**New Mailing Address:**

FEI Number: 65-0760513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VARONE, PASQUALE M  
2331 BAYBERRY DRIVE  
PEMBROKE PINES, FL 33024      US

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

VARONE, PASQUALE M  
1440 NW 161 AVE  
PEMBROKE PINES, FL 330028      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: \_\_\_\_\_ 05/27/2004  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SCHUHMANN, KRISTEN  
Address: 2331 BAYBERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D      ( ) Delete  
Name: JAROSZ, LEONA  
Address: 2331 BAYBERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P      ( ) Delete  
Name: VARONE, BARBARA A.  
Address: 2331 BAY BERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

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

Title: D      (X) Change ( ) Addition  
Name: SCHUHMANN, KRISTEN  
Address: 1440 NW 161 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D      (X) Change ( ) Addition  
Name: JAROSZ, LEONA  
Address: 1440 NW 161 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: P      (X) Change ( ) Addition  
Name: VARONE, BARBARA A  
Address: 1440 NW 161 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: BARBARA VARONE      P      05/27/2004  
Electronic Signature of Signing Officer or Director      Date