


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000078841 1. Entity Name WESTON AUTO, INC		
Principal Place of Business MEINEKE 2629 WESTON RD WESTON, FL 33331		Mailing Address 2629 WESTON RD FORT LAUDERDALE, FL 33331
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BISSONNETTE, ROBERT 2550 NE 15TH AVE FORT LAUDERDALE, FL 33305		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: <u>Robert Bissonnette, At</u> 1-18-05 <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BONFIGLIO, CHARLES J 2629 WESTON RD WESTON, FL 33331	DO NOT WRITE IN THIS SPACE U00000197877 01/27/05-80029-011 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BONFIGLIO, JEANETTE 2629 WESTON RD FORT LAUDERDALE, FL 33331	
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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 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: <u>Jeanette Bonfiglio, TS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-18-05 954-85-8696 <small>Date Daytime Phone #</small>