

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014977

Entity Name: AUTO EUROPA, INC.

FILED  
Apr 05, 2005  
Secretary of State

## Current Principal Place of Business:

6235 SHIRLEY STREET  
NAPLES, FL 34109

## New Principal Place of Business:

499 AIRPORT PULLING RD. N  
NAPLES, FL 34104

## Current Mailing Address:

6235 SHIRLEY STREET  
NAPLES, FL 34109

## New Mailing Address:

499 AIRPORT PULLING RD. N  
NAPLES, FL 34104

FEI Number: 59-3503943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OFNER, PETER M  
6235 SHIRLEY STREET  
NAPLES, FL 34109 US

## Name and Address of New Registered Agent:

OFNER, PETER M  
493 AIRPORT PULLING RD. N  
NAPLES, FL 34104 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: PETER OFNER

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OFNER, PETER M  
Address: 771 108TH AVE N  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OFNER, PETER M  
Address: 433 CORBEL DRIVE  
City-St-Zip: NAPLES, FL 34110

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: PETER OFNER

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date