

2006 FOR PROFIT CORPORATION ANNUAL REPORT

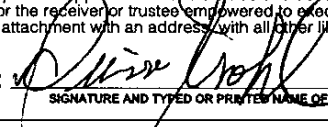
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May 01, 2006 8:00 am
Secretary of State

05-01-2006 90390 030 ***150.00

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04262006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000020529			
1. Entity Name CARRIAGE TRADER AUTO BROKERS, INC.			
Principal Place of Business 3530 MISTIC POINT DRIVE #1711 AVENTURA, FL 33180		Mailing Address 3530 MITIC POINT DRIVE #1711 AVENTURA, FL 33180	
2. Principal Place of Business 1965 S OCEAN DRIVE Suite, Apt. #, etc. BLDG N APT 9E City & State HALLANDALE BEACH, FL Zip 33009		3. Mailing Address 1965 S OCEAN DRIVE Suite, Apt. #, etc. BLDG N APT 9E City & State HALLANDALE BEACH, FL Zip 33009	
4. FEI Number 65-0819415		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOHL, IRWIN 3530 MISTIC POINT DRIVE #1717 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1965 S OCEAN DRIVE BLDG N APT 9E City HALLANDALE BEACH FL Zip Code 33009	
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:  (NOTE: Registered Agent signature required when reinstating.) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KNOHL, IRWIN 3530 MISTIC POINT DRIVE (#1711) AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1965 S OCEAN DRIVE BLDG N APT 9E HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date 4/27/06 Daytime Phone #	