2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000031461

1. Entity Name
CAR PLAZA OF PLANTATION, INC.

Principal Place of Business	Mailing Address
600 N STATE RD 7 PLANTATION, FL 33317	8360 WEST OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351

03292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0883081

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARIE MREJEN, P.A.
701 W CYPRESS CREEK RD SUITE 302
FORT LAUDERDALE, FL 33309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KADOCH, DAVID
STREET ADDRESS	8360 WEST OAKLAND PARK BLVD SUITE 201
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	D
NAME	YARNELL, KEITH
STREET ADDRESS	2150 NW 12TH STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	DP
NAME	MENDIOLA, JOSE
STREET ADDRESS	2425 NW 139TH AVE.
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	DT
NAME	ZOUR, ISRAEL
STREET ADDRESS	12700 BISCAYNE BLVD
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	S
NAME	KADOCH, MICHAEL
STREET ADDRESS	12580 NW FLAMINGO RD.
CITY-ST-ZIP	PLANTATION, FL
TITLE	VP
NAME	FORESTER, BRUCE
STREET ADDRESS	4045 SHERIDAN AVE.
CITY-ST-ZIP	NORTH MIAMI, FL

U00000333559
04/27/05-80008-012 150.00

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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)(i), 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: Bruce S. Forester BRUCE S. FORESTER VICE PRESIDENT + CFO 22 APR 2005 954 749 2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #