


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 012 ***150.00

DOCUMENT # P98000075201			
1. Entity Name AUTOMOBILE MOVEMENT EXPERTS, INC.			
Principal Place of Business 8281 LAKE UNDERHILL RD. ORLANDO FL 32825		Mailing Address P.O. BOX 720492 ORLANDO FL 32872	
2. Principal Place of Business		3. Mailing Address 8281 LK Underhill Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando Florida	
Zip 32825	Country	Zip 32825	Country Orange
6. Name and Address of Current Registered Agent RUSSO, ALLISON 1121 EASTIN AVE B10 ORLANDO FL 32804		7. Name and Address of New Registered Agent Name Russo Allison Street Address (P.O. Box Number is Not Acceptable) 8281 LK Underhill Rd City Orlando FL Zip Code 32825	
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><i>Allison Russo</i></u> DATE <u>3-14-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D RUSSO, ALLISON 1121 EASTIN AVE B10 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Allison Russo</i></u>		DATE: <u>3-14-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	