

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 049 ***150.00

DOCUMENT # P98000077323

1. Entity Name

A, SMART AUTO, INC.



Principal Place of Business
1901 NORTH SURF ROAD
HOLLYWOOD FL 33019

Mailing Address
P.O. BOX 253
DANIA FL 33004



2. Principal Place of Business
1950 S. OCEAN DR.
Suite, Apt. #, etc. # M-C

3. Mailing Address
1950 S. OCEAN DR.
Suite, Apt. #, etc. # M-C

1st MOORE CR2E034 (10/04)

City & State
HALLANDALE BCH. FL
Zip 33009 Country BROWARD

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HALLANDALE BCH. FL
Zip 33009 Country BROWARD

4. FEI Number 65-0854829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLIS, KENNETH A
2026 N.E. 32 AVE
FT LAUDERDALE FL 33303

7. Name and Address of New Registered Agent

Name CHERRAN-SANDERSON

Street Address (P.O. Box Number is Not Acceptable)

2076 S. OCEAN DR. # 706

City HALLANDALE BCH 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 Sherran Sanderson

Sherran Sanderson

DATE 4/15/05

(NOTE: Registered Agent signature required when reinstating)

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ONDRUS, IVAN P
STREET ADDRESS 6125 SW 1 STREET
CITY-ST-ZIP MARGATE FL 33068-1605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Ivan P. Ondrus 4/15/05 954-649-0278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #