


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90234 031 ***150.00

DOCUMENT # P98000091497 1. Entity Name CAR PLAZA CENTER, INC.	
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Principal Place of Business 2838-2840 N STATE RD 7 HOLLYWOOD FL, 33021	Mailing Address C/O 8360 W OAKLAND PARK BLVD, STE 201 SUNRISE, FL 33351
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14008520



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0879902	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 ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD., STE 302 FORT LAUDERDALE, FL 33309

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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DE KADOCH, DAVID C/O 8360 W OAKLAND PARK BLVD, STE 201 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YARNELL, KEITH 2150 NW 12TH ST DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MENDIOLA, JOSE 2425 NW 139TH AVE. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ZOUR, ISRAEL 12700 BISCAYNE BLVD NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KADOCH, MICHAEL 1250 NW FLAMINGO RD. PLANTATION, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FORESTER, BRUCE 4045 SHERIDEN AVE. NORTH MIAMI, FL

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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>BRUCE J. FORESTER</u> <u>VICEPRESIDENT + CFO</u>	<u>22 APR 2005</u>	<u>954 749 2030</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>