

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000038930

1. Entity Name
CONTINENTAL AUTOMOTIVE RETAIL SERVICES, INC.



FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90288 050 ***150.00

Principal Place of Business
5353 N. FEDERAL HWY
SUITE 204
FT. LAUDERDALE, FL 33308

Mailing Address
5353 N. FEDERAL HWY
SUITE 204
FT. LAUDERDALE, FL 33308



2. Principal Place of Business
5353 N. Federal Hwy
Suite, Apt. #, etc.
suite 211
City & State
Ft. Lauderdale, FL 33308

3. Mailing Address
5353 N. Federal Hwy.
Suite, Apt. #, etc.
suite 211
City & State
Ft. Lauderdale, FL 33308

Zip 33308 Country Broward

04222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0921022

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DORER, ERIC J
5353 N FEDERAL HWY
STE 204
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name Gary Fronrath
Street Address (P.O. Box Number is Not Acceptable)
5353 N. Federal Hwy
City Suite 211
Ft. Lauderdale FL Zip Code 33308

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: Gary Fronrath 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P FRONRATH, GARY 5353 N. FEDERAL HWY STE., 204 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRONRATH, ROBIN 5353 N. FEDERAL HWY STE., 204 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRONRATH, ROBERT D 5353 N. FEDERAL HWY STE., 204 FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fronrath, Gary 5353 N. Federal Hwy suite 211 Ft. Lauderdale, FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fronrath, Robin 5353 N Federal Hwy suite 211 Ft laud FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Fronrath, Robert D. 5353 N Federal Hwy suite 211 Ft. laud FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Gary Fronrath, Pres 4-25-05 954 489 3972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #