

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S81627**

1. Entity Name

AMERICAN AUTO ELECTRIC, INC.



Principal Place of Business

1002 NE 44TH ST.  
OAKLAND PARK FL 33334

Mailing Address

1002 NE 44TH ST.  
OAKLAND PARK FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0285333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHALEC, GREGORY E.  
1710 NE 40TH COURT  
OAKLAND PARK FL 33334

Name

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

City

**FL**

Zip Code

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

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME MURGUIA, JUAN C.  
STREET ADDRESS 1002 NE 44TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE P ☐ Delete  
NAME MAHALEC, GREGORY E  
STREET ADDRESS 1002 NE 44TH ST  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE S ☐ Delete  
NAME CARMEN S. ALLEN  
STREET ADDRESS 1710 NE 40 CT.  
CITY-ST-ZIP OAKLAND PARK FL

TITLE 2VP ☐ Delete  
NAME BOILY, ROGER  
STREET ADDRESS 8440 NW 28 PLACE  
CITY-ST-ZIP SUNRISE FL

TITLE T ☐ Delete  
NAME O'BRIEN, TIMOTHY  
STREET ADDRESS 1731 NE 56 ST., #6  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME U000000320234  
STREET ADDRESS 04/21/05-80030-011 150.00  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(f), 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:

GREGORY E. MAHALEC

4/18/05

954-961-2502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #