- 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

	ANNUAL R	EPORT (AR	<u> </u>	FILED	ø -
DOCUI	MENT # \$95638			Feb 04, 2005 08:00 AM Secretary of State	
A1A AUT	O CENTER, INC.			Secretary of State	
	·				
Principal Place of Business Mailing Address		Mailing Address	<u></u> .		
100 7TH ST		100 7TH ST			
SI AUGUSI	TINE BEACH FL 32084	ST AUGUSTINE BEACI	1 FL 32064		
					!
2. Principal Place of Business		3. Mailing Address		}	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number Applied	For
Oily G State				59-3083187 Not App	
Zip	Country	Zip	Country	5. Certificate of Status Desired Fee Required	J
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
0114	A THE A 13 A A IS		Name		
SHATILA, IMAD 100 7TH ST			Street Address	(P.O. Box Number is Not Acceptable)	
ST	AUGUSTINE BEACH FL 32	084			
			City	Zip Code	•
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	tions of registered agent.	tot the barbose of custiging its	registered office of regist	ered agent, or bour, in the state or morida. I am faithnar with, and a	1000;
SIGNATURE.					
Oldivatoric	Signature, typed or printed name of registered ages	nt and trie if applicable (NOT)	Registered Agent signature requir	ed when constaing) DATE	
	ILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 M	/lay ₽
	May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department			Trust Fund Contribution. Added to I	Fees
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
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NAME STREET ADDRESS	SHATILA, IMAD		NAME STREET ADDRESS	02/04/05-80033-025 150.00	
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CITY-ST-ZIP	and the blood the state and a second of the	ith this filling don 115 . f	CITY-S1-ZIP	Section 119 07(3VI) Elevida Statutas I buthar cartify that the inform	
indicated	d on this report or suppliemental repor	t is true and accurate and that	my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the inform the same legal effect as if made under oath; that I am an officer or do 1007, Florida Statutes; and that my name appears in Block 10 or Block 1007, Florida Statutes; and that my name appears in Block 10 or Block	irecto
changed	orporation or the receiver or trustee on d, or on an attachment with an address	ther like hipowered	i as required by Criapter 6 I	or, i londa statutes, and that my fiame appears in block to of bio	~~) ;

D'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR