2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90005 044 ***150.00

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1. Entity Name
BILL SEIDLE'S NISSAN, INC.

94034507

Principal Place of Business	Mailing Address
~~2900 NW 36TH ST.~~ 10500 NW 1st Pl ST MIAMI, FL ~~33131~~ US 33172	2900 NW 36TH ST. MIAMI, FL 33134 US

01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1283881
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDLE, MICHAEL
2900 N.W. 36TH STREET
MIAMI, FL 33142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SEIDLE,WILLIAM
STREET ADDRESS	2900 N.W. 26TH PL
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VD
NAME	SEIDLE,MICHAEL
STREET ADDRESS	2900 NW 36TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	SEIDLE,BETTY
STREET ADDRESS	2900 NW 36TH ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	D
NAME	SEIDLE, BETTY
STREET ADDRESS	2900 NW 36TH ST
CITY-ST-ZIP	MIAMI, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: VD Michael A. Seidle 3-12-04 305-633-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #