## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

| 1. Entity Nan   | MEN I # 366683  AL CHEVROLET, INC.  |   |  |  |  | -   |   |
|---|---|---|--|--|--|---|---|
| 8880 BISCA  | ce of Business Maili<br>YNE BLVD 888<br>33138-0343 — MIA  |   | -  |  |  |   |   |
|   | OO NOT WRITE IN   | CE  | 59-1297497 Not Applica  5. Certificate of Status Desired Fee Required  Not Applica  \$8.75 Additional Fee Required |  |  | Applied For Not Applicable                            |   |
|   |   | DO NOT WRITE<br>IN THIS SPACE   |  |  |  |   |   |
| 8. The above<br>the obligat   | named entity submits this statement for the purplines of registered agent.  | oose of changing its registers  | ed office or register  | ed agent, or both,   | , in the State of Flo  | orida. I am fam                                       | nillar with, and accept   |
| SIGNATURE   | Signature, typed or printed name of registered agent and title if ap  | Olicable TAITHE Besistan  | d Agent signature required   | uhon telectalina)  |  | DATE  |   |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00   | Election Campaign Finar<br>Trust Fund Contribution.   | ncing \$5.   | 00 May Be<br>ed to Fees  |  |   |   |
| 10.   | OFFICERS AND DIRECTO  | DRS   |  |  | S 1,   |   | अन्य भित्राची, हाँ  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | WILDSTEIN, LARRY 8880 BISCAYNE BLVD MIAMI, FL 331380343  VP WILDSTEIN, IAN 8880 BISCAYNE BLVD MIAMI, FL 331380343   | <del>- , </del>   |  |  |  | 0352222<br>-80019-0                                   | 07 ,150.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                     | S<br>WILDSTEIN, ARI<br>8880 BISCAYNE BLVD.<br>MIAMI, FL 331380343   | 94 F  |  |  | NOT W  |   |   |
| NAME<br>STREET ADORESS<br>CITY-ST-ZIP                                       | <u>,</u>  |   |  | IN I   | HIS SF   | ACE   | I   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       |   |   |  |  |  |   |   |
| TITLE<br>VAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   |   |  | ·  | 7 <u>.</u> 4 · • ·   |   |   |
| 12. I hereby of<br>indicated<br>of the con-<br>changed,                     | pertify that the information supplied with this filling on this report or supplemental report is true and poration of the réceiver or trustee empowered to or on an attachment with an address, with all other or the control of the receiver of the receiver or trustee on powered to or on an attachment with an address, with all other or on an attachment with an address. | does not qualify for the exer<br>accurate and that my signat<br>execute this report as requir<br>er like empowered. | nption stated in Sec<br>ure shall have the si<br>ed by Chapter 607,  | ction 119.07(3)(i),<br>ame legal effect a<br>Florida Statutes; | Florida Statutes. I<br>as if made under of<br>and that my name | further certify<br>path; that I am a<br>appears in Bi | that the information<br>an officer or director<br>ock 10 or Block 11 if |