

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State



DOCUMENT # 667060

1. Entity Name
GERMAN & ITALIAN CARS AUTOMOTIVE, INC.

Principal Place of Business
**7823 NW 52 ST
 MIAMI, FL 33166**

Mailing Address
**7823 NW 52 ST
 MIAMI, FL 33166**



04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

59-1984126

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DE LA FLOR, CARLOS
 7823 NW 52 ST
 MIAMI, FL 33166**

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 must be witnessed)

DATE

**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: **PTS** Delete
 NAME: **DE LA FLOR, CARLOS**
 STREET ADDRESS: **7823 NW 52 ST**
 CITY-STATE-ZIP: **MIAMI, FL 33166**

TITLE: **VD** Delete
 NAME: **DE LA FLOR, CARLOS**
 STREET ADDRESS: **7823 NW 52 ST**
 CITY-STATE-ZIP: **MIAMI, FL 33166**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS: **U00000156368**
 CITY-STATE-ZIP: **05/05/04-80076-009 150.00**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

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 reports 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:

CARLOS DE LA FLOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/03/04

305 889 1095