


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M44767**  
 1. Entity Name  
 79TH STREET AUTO CENTER CORP.



Principal Place of Business      Mailing Address  
 830 N.E. 79ST      830 N. E. 79ST  
 MIAMI, FL 33138 US      MIAMI, FL 33138 US

**DO NOT WRITE IN THIS SPACE**



07082005 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2759391      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GARAU JR, MIGUEL  
 15220 FINTRY PL  
 MIAMI LAKES, FL 33016-8425

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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 \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARAU, MIGUEL JR.
STREET ADDRESS	15220 FINTRY PL
CITY - ST - ZIP	MIAMI LAKES, FL
TITLE	STD
NAME	GARAU, LOURDES E.
STREET ADDRESS	15220 FINTRY PL
CITY - ST - ZIP	MIAMI LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/12/05-80005-006 158.75

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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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_