

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90017 029 ***150.00

DOCUMENT # P03000059004	
1. Entity Name TEN STARS AUTO SALES, INC.	

Principal Place of Business 2530 BAYKAL DRIVE KISSIMMEE FL 34746	Mailing Address 2530 BAYKAL DRIVE KISSIMMEE FL 34746
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2. Principal Place of Business 110 HWY 17 NORTH	3. Mailing Address PO BOX 422430
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DAYTONA BEACH FLORIDA	City & State KISSIMMEE FLORIDA
Zip 32227	Zip 34742
Country	Country



MOORE CR2E034 (11/03)

4. FEI Number 05-0572138	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAMMAR, DHANESSAR 2530 BAYKAL DRIVE KISSIMMEE FL 34746		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMMAR, DHANESSAR 2530 BAYKAL DRIVE KISSIMMEE FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMMAR, JAMWANTI 2530 BAYKAL DRIVE KISSIMMEE FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Dhanessar Dammar **DHANESSAR, DAMMAR** **02/16/04** **407-319-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #