


FILED
May 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 040 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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66018004

DOCUMENT # P04000044984 1. Entity Name US1 MOTORS AUTO SALE INC			
Principal Place of Business 8004 NW 154TH STREET SUITE 388 MIAMI, FL 33016 US		Mailing Address 8004 NW 154TH STREET SUITE 388 MIAMI, FL 33016 US	
2. Principal Place of Business 7520 NW 8 St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7520 NW 8 St. <small>Suite, Apt. #, etc.</small>	
City & State Miami, Fl. 33016		City & State Miami, Fl. 33016	
4. FEI Number 20-0853130		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALONZO, JUAN 8004 NW 154TH STREET SUITE 388 MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7520 NW 8 St. City Miami FL Zip Code 33016	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME ALONZO, JUAN	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8004 NW 154TH STREET	CITY-ST-ZIP MIAMI LAKES, FL 33016	STREET ADDRESS 7520 NW 8 St.	
CITY-ST-ZIP MIAMI LAKES, FL 33016	CITY-ST-ZIP Miami, Fl. 33016		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/16/05 (305) 446 2055 <small>Daytime Phone #</small>	