


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 048 ***150.00

DOCUMENT # P94000037959
 1. Entity Name
 BELL AUTO SALES, INC.



Principal Place of Business 17801 S. DIXIE HWY. MIAMI, FL 33157 US	Mailing Address 17801 S. DIXIE HWY. MIAMI, FL 33157 US
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94069103

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04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0490928	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CEVERA, JOSE M
 12541 SW 204 ST
 MIAMI, FL 33177

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CERVERA, JOSE M 12541 SW 204 ST. 17801 South Dixie, Hwy. MIAMI, FL 33177 Miami, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PADRON, FRANCISCO J 950 JEFFERSON AVE. MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: [Signature] Date: 4-22-04 Daytime Phone #: 905-2529009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR