

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90002 038 \*\*\*150.00

**DOCUMENT # P96000021890**

1. Entity Name  
**PHOENIX AUTO SALES, INC.**



Principal Place of Business  
**2025 NW 36 STREET**  
**MIAMI, FL 33142**

Mailing Address  
**2025 NW 36 STREET**  
**MIAMI, FL 33142**

**44007363**



01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0648491** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAPLIN, DANIEL**  
**2875 NE 191 ST.**  
**#500**  
**MIAMI, FL 33180**

**DO NOT WRITE IN THIS SPACE**

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	VPST
NAME	NORRIS, LORI C
STREET ADDRESS	20594 N.E. 6 CT. <b>2025 NW 36 ST</b>
CITY-ST-ZIP	MIAMI, FL 33179 <b>MIAMI FL 33142</b>
TITLE	P/S
NAME	NORRIS, ROBERT C
STREET ADDRESS	20594 N.E. 6 CT. <b>2025 NW 36 ST</b>
CITY-ST-ZIP	MIAMI, FL <b>MIAMI FL 33142</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-21-03 305 9906670**

Date Daytime Phone #