

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-28-2004 90227 028 \*\*\*150.00



**DOCUMENT # P98000061966**

1. Entity Name  
**COLON RAMIREZ AUTO SALES, INC.**

Principal Place of Business  
**1043-A S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32805**

Mailing Address  
**1043-A S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32805**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number **59-3524600** Applied For  
 Not Applicable

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



MOORE CR2E034 (11/03)

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

**7. Name and Address of New Registered Agent**

**COLON, JOSE L  
 1043-A S. ORANGE BLOSSOM TRAIL  
 ORLANDO FL 32805**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 **Lester M. Ramirez** **4/21/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	COLON, JOSE L.	
STREET ADDRESS	4900 S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAMIREZ, LESTER M	
STREET ADDRESS	2625 CAHOKIA CT.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAMIREZ, AMLCAR	
STREET ADDRESS	2625 CAHOKIA CT.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLON, NELSON	
STREET ADDRESS	514 WECHSLER CR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Lester M. Ramirez** **4/21/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #