

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # V73886

1. Entity Name:
NETWORK AUTO BROKERS INC.



Principal Place of Business
**2370 SW 67TH AVENUE
MIAMI, FL 33155 US**

Mailing Address
**2370 SW 67TH AVENUE
MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



07072004 No Chg P CR2E034 (10/03)

4. FEI Number
65-0373109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ABDALA, JACINTO
2370 SW 67 AVE
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this Statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE _____

Signature of officer or director of registered agent and title if any (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 8, 2004.**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

in accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABDALA, JACINTO 16140 SW 83 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000167137
07/19/04-80012-017 150.00

**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)(f), 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 in a attachment with an address, with all other persons empowered.

SIGNATURE: _____

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04
Date

305-216-4434
Daytime Phone #