## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 15, 2004 8:00 am Secretary of State

DOCUMENT # P00000110453  1. Entity Name NATION AUTO SALES OF SOUTH FLORIDA, INC.							07-15-2004	4 90004 019 ***	*150.00	
Principal Place of Business 4006 S STATE RD 7 MIRAMAR, FL 33023			Mailing Address 4006 S STATE RD 7 MIRAMAR, FL 33023				54052482			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #. etc.			07082004	Chg-P	CR2E034 (10/03)	)	
City & State			City & State			4. FEI Numbe 65–106		} <b>}</b>	pplied For lot Applicable	
Zip	Country		Zip			<u>l</u>	of Status Desired	S8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent					Name	- 7. Name and	Address of New Re	gistered Agent		
ABECASIS, ARIE 4006 S. STATE ROAD 7 MIRAMAR, FL 33023			-		Street Address (P.O. Box Number is Not Acceptable)					
					City	· · · · · · · · · · · · · · · · · · ·		FL Zip Coo	de	
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required wh								DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  8. Election Campaign Fina Trust Fund Contribution					ncing .	\$5.00 May Be Added to Fees	In accordance will corporation did no	th s. 607.193(2)(b), ot receive the prior	, F.S., the notice.	
10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	12263 NV	S, ARIE:* V 49TH DRIVE PRINGS, FL 33076	□ Oclete		RE EET ADDRESS '-ST-ZIP			☐ Change	Addition ]	
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NAME STREET ADDRESS CITY-ST-ZIP			~~~	NAM STRE	;	`				
TIFLE: NAME STREET ADDRESS ONY-ST-ZIP			□ Ordete		i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		· I			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Detete		1			☐ Change	Addition ,	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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.										