

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90040 033 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # 193775 1. Entity Name SOUTH MOTOR COMPANY OF DADE COUNTY | | | | | |
| Principal Place of Business 16165 S DIXIE HWY MIAMI, FL 33157 | | | Mailing Address 16165 S DIXIE HWY MIAMI, FL 33157 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-0788556 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent HOFFMAN, LARRY J. 1221 BRICKELL AVENUE MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name CESAR CAMACHO Street Address (P.O. Box Number is Not Acceptable) 240 EAST FLAGLER STREET City MIAMI FL 33131 | | |
| 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 <u><i>Cesar Camacho</i></u> , CESAR CAMACHO DATE 1/17/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD DASCAL, CHARLES 1801 SW FIRST STREET MIAMI, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HOFFMAN, LARRY J 1221 BRICKELL AVE MIAMI, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS HILTON, JOHN 16165 S. DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD VILLAMANAN, MANUEL 16165 S. DIXIE HWY MIAMI, FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHARIFF, JONATHAN 16165 S DIXIE HIGHWAY MIAMI, FL 33157 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | YP RICARDO LUJAN 16165 S DIXIE HWY MIAMI, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Manuel Villamanan</i></u> PRESIDENT 1/18/06 305-2567307 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small> | | | | | |