


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 193775</b> 1. Entity Name <b>SOUTH MOTOR COMPANY OF DADE COUNTY</b>	
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Principal Place of Business <b>16165 S DIXIE HWY MIAMI, FL 33157</b>	Mailing Address <b>16165 S DIXIE HWY MIAMI, FL 33157</b>
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-0788556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CAMACHO, CESAR  
240 E FLAGLER ST  
MIAMI, FL 33131**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>CD</b>	<b>DASCAL, CHARLES</b>
NAME	<b>1801 SW FIRST STREET</b>
STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	
TITLE <b>SD</b>	<b>HOFFMAN, LARRY J</b>
NAME	<b>1221 BRICKELL AVE</b>
STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	
TITLE <b>AS</b>	<b>HILTON, JOHN</b>
NAME	<b>16165 S. DIXIE HWY</b>
STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	
TITLE <b>PCD</b>	<b>VILLAMANAN, MANUEL</b>
NAME	<b>16165 S. DIXIE HWY</b>
STREET ADDRESS	<b>MIAMI, FL</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>CHARIFF, JONATHAN</b>
NAME	<b>16165 S DIXIE HIGHWAY</b>
STREET ADDRESS	<b>MIAMI, FL 33157</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>LUJAN, RICARDO</b>
NAME	<b>16165 S DIXIE HWY</b>
STREET ADDRESS	<b>MIAMI, FL 33157</b>
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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01/10/08-80044-006 150.00

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:** *John A. Hilton* **JOHN A. HILTON, CFO** **01-07-08** **305-256-2317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #