


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 039 ***150.00

DOCUMENT # 589669 1. Entity Name GRAN MIAMI AUTO SALES, CORP.					
Principal Place of Business 3000 NW 36 STREET MIAMI FL 33142			Mailing Address 3000 NW 36 STREET MIAMI FL 33142 US		
2. Principal Place of Business 3000NW36ST Suite, Apt. #, etc. MIAMI FLA City & State FLA Zip 33142		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip DAVE			
4. FEI Number 59-1858938			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent ACOSTA, TOMAS 3011 NW 36 ST MIAMI, FL ABW FL 33142 <i>Tomas Acosta</i> <i>4150 SW 94 AVE</i> <i>MIAMI FLA</i> <i>33165</i>		
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
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			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: <i>Tomas Acosta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-08-05 305 634 8377 Date Daytime Phone #		

50012812



1st MOORE CR2E034-(10/04)