


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F85972**

1. Entity Name  
**SOUTH MOTORS BUICK, INC.**



Principal Place of Business      Mailing Address

**16215 S. DIXIE HIGHWAY**      **16215 S. DIXIE HIGHWAY**  
**MIAMI, FL 33157**                      **MIAMI, FL 33157**

**DO NOT WRITE IN THIS SPACE**



01032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2196155**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**HOFFMAN, LARRY J.**  
**1221 BRICKELL AVENUE**  
**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HOFFMAN, LARRY J
STREET ADDRESS	1221 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	CD
NAME	DASCAL, CHARLES
STREET ADDRESS	1801 SW 1ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	CFAS
NAME	HILTON, JOHN
STREET ADDRESS	16165 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	PCD
NAME	VILLAMANAN, MANUEL
STREET ADDRESS	16165 S. DIXIE HWY
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	CHARIFF, JONATHAN
STREET ADDRESS	16165 S DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN A. HILTON, CFO**      01-04-05      305-256-2317

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