

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F95836

1. Entity Name
PYRAMID AUTO SALES CORP.



Principal Place of Business
C/O HERIBERTO ALFONSO
3175 N.W. 27TH AVE.
MIAMI, FL 33142

Mailing Address
C/O HERIBERTO ALFONSO
3175 N.W. 27TH AVE.
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2230924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALFONSO, HERIBERTO
3175 N.W. 27TH AVE.
MIAMI, FL 33142

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALFONSO, HERIBERTO
STREET ADDRESS	3175 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	ALFONSO, HERIBERTO JR.
STREET ADDRESS	3175 N.W. 27TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	ALFONSO, BARBARA
STREET ADDRESS	15701 SW 209 AVE
CITY-ST-ZIP	MIAMI, FL 331875628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/04-80122-022 158.75

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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)(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:

Barbara Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA ALFONSO
Secretary/Director

Date

Daytime Phone #

4/16/04