


**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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

**DO NOT WRITE IN THIS SPACE**

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04/19/04-80122-022 158.75

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

*Barbara Alfonso*  
Secretary/Director

Date: *4/16/04*  
Daytime Phone #