

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003771

1. Entity Name
MARTELL PONTIAC-GMC, INC.



Principal Place of Business
**8505 NW 12TH ST
MIAMI, FL 33126 US**

Mailing Address
**P.O. BOX 490292
KEY BISCAYNE, FL 33149 US**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0688004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

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	VP
NAME	HENRY, F. MARTELL
STREET ADDRESS	8505 NW 12 ST
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	ST
NAME	ROST, SHIRLEY
STREET ADDRESS	8505 N.W. 12 STREET
CITY - ST - ZIP	MIAMI, FL 30328
TITLE	P
NAME	MARTELL, HENRY
STREET ADDRESS	8505 NW 12 ST
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/09/04-20047 025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SHIRLEY ROST

SECRETRES

Date

Daytime Phone #

4-5-04 305-436-8400