

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90010 043 ***150.00



DOCUMENT # H52481

1. Entity Name
FLORIDA AUTO PHONE, INC.

Principal Place of Business Mailing Address
7000 SW 8TH STREET 7000 SW 8TH STREET
MIAMI, FL 33144 US MIAMI, FL 33144 US



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number **59-2519786** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MONTES, JOE
44163 N.W. 7TH ST. #202 *3011 SW 101 ct*
MIAMI, FL 33172 *33165*

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 *[Signature]* DATE *2/2/14*

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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PST | <input type="checkbox"/> Delete |
| NAME | MONTES, JOE | |
| STREET ADDRESS | 44163 N.W. 7TH ST. #202 | <i>3011 SW 101 ct</i> |
| CITY-ST-ZIP | MIAMI, FL | <i>33165</i> |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MONTES, BRENDA | |
| STREET ADDRESS | 14978 SW 64 ST | |
| CITY-ST-ZIP | MIAMI, FL 33193 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | MONTES, ALEJANDRO | <i>5899 SW 97 ct</i> |
| STREET ADDRESS | 9439 FOUNTAINBLEAU BLVD #8 | |
| CITY-ST-ZIP | MIAMI, FL 33172 | <i>33173</i> |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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]* DATE *2/2/14* DAYTIME PHONE # *305-265-8080*