

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 029 ***150.00

DOCUMENT # H70931

1. Entity Name

MIAMI'S BEST AUTO SALES, INC.



Principal Place of Business

10336 SW 187 ST
BAY 6
MIAMI FL 33157
US

Mailing Address

17300 SW 90TH AVE
C/O RALPH THIELE
MIAMI FL 33157
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2574634

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY
9000 SW 152ND ST. STE 102
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

RALPH W. THIELE

Street Address (P.O. Box Number is Not Acceptable)

17300 S.W. 90 AVE.

City

MIAMI

FL

Zip Code

33157

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

Ralph W. Thiele

RALPH W. THIELE PRESIDENT

02-14-07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME THIELE, RALPH W.
STREET ADDRESS 17300 SW 90TH AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE VP
NAME THIELE, CAROLYN
STREET ADDRESS 17300 SW 90TH AVE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE V
NAME THIELE, WILLIAM A
STREET ADDRESS 9100 S.W. 174TH STREET
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Ralph W. Thiele

RALPH W. THIELE PRESIDENT

02-14-07

305-253-9291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #