

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L43799

1. Entity Name
S & H AUTO CARE & SALES, INC.



Principal Place of Business
4741 RAVENSWOOD RD
FT LAUDERDALE, FL 33312

Mailing Address
4741 RAVENSWOOD RD
FT LAUDERDALE, FL 33312

FILED
Mar 23, 2005 08:00 AM
Secretary of State



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0176250

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

SHARIFEH, NASER
4741 RAVENSWOOD RD.
FT. LAUD, FL 33312

**DO NOT WRITE
IN THIS SPACE**

3. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SHARIFEH, NASER
STREET ADDRESS	3563 SW 173RD TERRACE
CITY- ST- ZIP	MIRAMAR, FL 33029
TITLE	V
NAME	SHARIFEH, RIAD
STREET ADDRESS	4401 JOHNSON ST
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	C
NAME	SHARIFEH, JEAN
STREET ADDRESS	3563 SW 173 RD TERR
CITY- ST- ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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)(j), 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: Naser Sharifeh 3-18-05 954-966-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #