


FILED
Sep 08, 2004 8:00 am
Secretary of State

07-30-2004 90004 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L68634	
1. Entity Name TROPICAL AUTO SALES OF HIALEAH, INC.	

Principal Place of Business % MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH, FL 33010	Mailing Address % MIRTHA RODRIGUEZ 578 E. 9TH ST. HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE

66433171



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0188207	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

RODRIGUEZ, MIRTHA
578 E. 9TH ST.
HIALEAH, FL 33010

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election-Campaign-Financing Trust Fund Contribution. \$5.00 may be Added to Fees

In accordance with s: 607:193(2)(b) F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, MIRTHA 400 SE 5TH ST. HIALEAH, FL 33010
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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: *M Rodriguez* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____