2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L68634

Entity Name

TROPICAL AUTO SALES OF HIALEAH, INC.



FILED Apr 25, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

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

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



	DO N	OT	WRIT	TE IN	THIS	SPA	CE
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5 (10 0 to 5 t				
4. FEI Number		Applied For		
65-0188207		Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		

6. Name and Address of Current Registered Agent

RODRIGUEZ, MIRTHA 8032 N.W. 164 TERRACE MIAMI LAKES, FL 33016

DO NOT WRITE IN THIS SPACE

No Cha-P

04232007

B. 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 a the obligations of registered agent. SIGNATURE Signature Sig				l l		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$50,00 OFFICERS AND DIRECTORS TITLE NAME ROPRIGUEZ, MIRTHA 8032 N W 164 TERR MIAMI LAKES, FL 33016 U00000729166 05/08/07-89029-020 15 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET	8. The above the obligati	named entity submits this statement for the poons of registered agent."	urpose of changing its registe	ered office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
After May 1, 2007 Fee will be \$590.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST RODRIGUEZ, MIRTHA SU32 N W 164 TERR CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registe	red Agent signatur	e required when reinstating)	DATE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00				
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NAME Street address	NAME STREET ADORESS					
	NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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:

GHATURE AND TYPED ON PRINTED NAME OF SEANING OFFICER OF SIRECTOR

4-2309 305-819-7900 Date Daytime Prone #