


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



04232007 No Chg-P CR2E034 (11/05)

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

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**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, MIRTHA 8032 N W 164 TERR MIAMI LAKES, FL 33016
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05/08/07-80029-020 150.00

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12. I hereby certify that the information supplied with this filing 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: M Rodriguez **4-23-07** **305-819-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #