


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L76450		
1. Entity Name CESAR'S MOTORS, CORP.		
Principal Place of Business 6452 SW 4TH ST MIAMI, FL 33144 US	Mailing Address 9275 SW 8 TERRACE MIAMI, FL 33174 US	
DO NOT WRITE IN THIS SPACE		



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0193767	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, CESAR 9275 SW 8 TERRACE MIAMI, FL 33174
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**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 _____
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
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	DPS RODRIGUEZ, CESAR 9275 SW 8 TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RAY 9725 S.W. 8 TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MELBA 9725 S.W. 8 TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CRISTIAN 9725 S.W. 8 TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

07/15/04-80005-014 150.00

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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)(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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #