


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M18358**  
 1. Entity Name  
**SOUTH MOTORS SUZUKI, INC.**



Principal Place of Business <b>16215 S. DIXIE HIGHWAY MIAMI, FL 33157</b>	Mailing Address <b>16215 S. DIXIE HIGHWAY MIAMI, FL 33157</b>
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07062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2804935</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HOFFMAN, LARRY J  
 1221 BRICKELL AVE.  
 MIAMI, FL 33131**

**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 7, 2005**

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	CD DASCAL, CHARLES 1801 SW 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HILTON, JOHN 16165 S. DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, LARRY J 1221 BRICKELL AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD VILLAMANAN, MANUEL 16165 S DIXIE HWY MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARIFF, JONATHAN 16165 S. DIXIE HWY MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372796  
 07/14/05-80006-022 150.00

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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)(f), 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:**  **JOHN A. HILTON, CFO** **7-605 305-256-2317**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #