

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M39217

FILED
Apr 29, 2004
Secretary of State

Entity Name: POTAMKIN TOYOTA, INC.

Current Principal Place of Business:

19390 NW 2 AVENUE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

19390 NW 2 AVENUE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-2736419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD
STE 600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AUSTIN, MICHELLE M ESQ.
2333 PONCE DE LEON BLVD
STE 600
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MICHELLE M. AUSTIN

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POTAMKIN, ALAN H.,
Address: 16600 NW 57TH AVE.
City-St-Zip: MIAMI, FL

Title: DT () Delete
Name: POTAMKIN, ROBERT M.,
Address: 16600 NW 57TH AVE.
City-St-Zip: MIAMI, FL

Title: DS () Delete
Name: YUSKO, DAVID,
Address: 2333 PONCE DE LEON BLVD STE 600
City-St-Zip: MIAMI, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POTAMKIN, ALAN H
Address: ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change () Addition
Name: POTAMKIN, ROBERT M
Address: C/O ONE CASUARINA CONCOURSE
City-St-Zip: CORAL GABLES, FL 33143

Title: T/S (X) Change () Addition
Name: YUSKO, DAVID
Address: 2333 PONCE DE LEON BLVD STE 600
City-St-Zip: MIAMI, FL 33134

Title: P () Change (X) Addition
Name: SCHOLS, MARK
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Change (X) Addition
Name: PFEIFER, ANDREW
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS () Change (X) Addition
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERONICA FARR

VP

04/29/2004

Electronic Signature of Signing Officer or Director

Date

FRIEDER, BARRY EVP
2333 PONCE DE LEON BLVD #600
CORAL GABLES, FL 33134