


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M50753**  
 1. Entity Name  
**SOUTH MOTORS CHRYSLER-PLYMOUTH, INC.**



Principal Place of Business      Mailing Address  
**16165 S. DIXIE HWY**      **16165 S. DIXIE HWY**  
**MIAMI, FL 33157 US**      **MIAMI, FL 33157 US**

**DO NOT WRITE IN THIS SPACE**



01032008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2804935**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CAMACHO, CESAR**  
**240 E FLAGLER ST**  
**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**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

100000778607  
 01/11/08-80004-009-150.00

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:** *John A. Hilton*    **JOHN A. HILTON, CFO**    **01-05-08**    **305-256-2317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #