

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M56254 1. Entity Name G.F. CAR CENTER, INC.	
---	---

Principal Place of Business 3720 W. FLAGLER STREET MIAMI, FL 33134	Mailing Address 3720 W. FLAGLER STREET MIAMI, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2829293	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent FLORES, JUAN F. 13331 S.W. 2 ST. MIAMI, FL 33184

**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 After May 1, 2005 Fee will be \$550.00	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	P FLORES, JUAN F. 13331 S.W. 2 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000363031
05/05/05-80144-015 158.75

**DO NOT WRITE
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)(i), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan F. Flores **Juan F. Flores** 04-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #