

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003016

FILED
Feb 02, 2005
Secretary of State

Entity Name: THE ALLIANCE OF FORD MOTOR MINORITY DEALERS, INC.

Current Principal Place of Business:

9000 NW 7 AVE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

9000 NW 7 AVE
MIAMI, FL 33150

New Mailing Address:

P.O. BOX 589
PALESTINE, TX 75802

FEI Number: 33-1053672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTON, A EDWARD III
80 SW 8 STREET STE 2150
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALVAREZ, RAMON C
Address: 8051 AUTO DR
City-St-Zip: RIVERSIDE, CA 92504

Title: D () Delete
Name: AVILA, RAFAEL
Address: 1000 N FEDERAL HWY
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: REMY, ROBERT
Address: 9500 S LAKEWOOD
City-St-Zip: DOWNEY, CA 90240

Title: D () Delete
Name: PEREZ, LOMBARDO
Address: 9000 NW 7 AVE
City-St-Zip: MIAMI, FL 33150

Title: D () Delete
Name: JACOBS, MARIO
Address: 1983 US HWY 53
City-St-Zip: CHIPPEWA FALLS, WI 54709

Title: D () Delete
Name: ROSARIO, JAY
Address: 1101 E HWY 50
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO VARELA

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date