

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000005707

1. Entity Name
DANIEL'S AUTO CENTER INC.



Principal Place of Business
**1405 ALLENDALE RD
WEST PALM BEACH, FL 33405**

Mailing Address
**3827 PASEO ANDALUCIA
WEST PALM BEACH, FL 33405**

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0978447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, DANIEL
1405 ALLENDALE ROAD
WEST PALM BEACH, FL 33405**

**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 **D**
NAME **SANCHEZ, DANIEL**
STREET ADDRESS **3827 PASEO ANDALUCIA**
CITY - ST - ZIP **WEST PALM BEACH, FL 33405**

TITLE **D**
NAME **SANCHEZ, OLGA**
STREET ADDRESS **3827 PASEO ANDALUCIA**
CITY - ST - ZIP **WEST PALM BEACH, FL 33405**

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01/24/05-80004-011 150.00

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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)(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: *Olga Sanchez* - **OLGA SANCHEZ, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/05
Date

561-236-5562
Daytime Phone #