2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90057 046 ***150.00

DOCUMENT # P00000026479

1. Entity Name
DEROSA AUTO SALES, INC.

Principal Place of Business	Mailing Address
7548 W MCNAB RD #A21 N LAUDERDALE, FL 33068	7548 W MCNAB RD #A21 N LAUDERDALE, FL 33068

01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0987106

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEROSA, PETER
7548 W MCNAB RD #A21
N LAUDERDALE, FL 33068

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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 R A DeRose 2/17/04
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, 2004 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	DEROSA, PETER
STREET ADDRESS	~~8205 NW 74TH TERR~~ 11241 NW 36th St.
CITY-ST-ZIP	~~TAMARAC, FL 33321~~ Coral Springs, FL 33068
TITLE	Sec
NAME	Alicia Aguirre
STREET ADDRESS	~~8205 NW 74th Terr~~ 11241 NW 36th St.
CITY-ST-ZIP	~~Tamarac, FL 33321~~ Coral Springs, FL 33068
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	

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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 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: R A DeRose 2/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #