

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90086 009 ***158.75

DOCUMENT # P00000048382 1. Entity Name BEST CHOICE AUTO SALES, INC.					
Principal Place of Business 4548 MILE STRETCH DRIVE HOLIDAY FL 34690			Mailing Address 4548 MILE STRETCH DRIVE HOLIDAY FL 34690		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3665428 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <div style="float: right;"> \$8.75 Additional Fee Required </div>					
6. Name and Address of Current Registered Agent GINEM, SALIM 7325 TROUBLE CREEK RD #912 NEW PORT RICHEY FL 34653				7. Name and Address of New Registered Agent Name GINEM, SALIM Street Address (P.O. Box Number is Not Acceptable) 4215 Kibler Lane City HOLIDAY FL Zip Code 34691	
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 <u><i>Salim Ginem</i></u> SALIM GINEM PRES./PRESU. 2-28-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINEM, SALIM		NAME		
STREET ADDRESS	7325 TROUBLE CREEK RD #912		STREET ADDRESS	4215 Kibler Lane	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Salim Ginem</i></u> SALIM GINEM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-28-05 (727) 934-8146 w (727) 743-8500 c <small>Date Daytime Phone #</small>		