


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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/04)

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

4. FEI Number 59-3665428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 *Salim Ginem* **SALIM GINEM PRES./PRESU. 2-28-05**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GINEM, SALIM 7325 TROUBLE CREEK RD #912 NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4215 Kibler Lane HOLIDAY FL 34691 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Salim Ginem* **SALIM GINEM** **2-28-05** **(727) 934-8146 w**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **(727) 743-8500 c**