

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90027 042 \*\*\*150.00

**DOCUMENT # P00000070893**

1. Entity Name  
J.C.Q. AUTO SALES, INC.



Principal Place of Business  
1900 W FLAGLER STREET  
MIAMI, FL 33135

Mailing Address  
1900 W FLAGLER STREET  
MIAMI, FL 33135

**94036059**

2. Principal Place of Business  
*254 Atlantic Blvd*  
Suite, Apt. #, etc.

3. Mailing Address  
*254 Atlantic Blvd*  
Suite, Apt. #, etc.

City & State  
*Key Largo FL*  
Zip *33137* Country *Howroe*

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*Key Largo FL*  
Zip *33137* Country *Howroe*

03232004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1026891

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROHAN, LAURENCE J  
2511 PONCE DE LEON BLVD STE 320  
CORAL GABLES, FL 33134-6082

**7. Name and Address of New Registered Agent**

Name *JUAN C. QUINTANA*  
Street Address (P.O. Box Number is Not Acceptable)  
*254 Atlantic Blvd*  
City *Key Largo* FL Zip Code *33137*

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, 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 ☐ Delete  
NAME QUINTANA, JUAN C  
STREET ADDRESS 14371 SW 38 STREET  
CITY-ST-ZIP MIAMI, FL 33175

TITLE D ☐ Delete  
NAME QUINTANA, ROXANA  
STREET ADDRESS 14371 SW 38 STREET  
CITY-ST-ZIP MIAMI, FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D ☒ Change ☐ Addition  
NAME *Quintana, Juan C*  
STREET ADDRESS *254 Atlantic Blvd*  
CITY-ST-ZIP *Key Largo FL 33137*

TITLE D ☒ Change ☐ Addition  
NAME *Quintana, Roxana*  
STREET ADDRESS *254 Atlantic Blvd*  
CITY-ST-ZIP *Key Largo FL 33137*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 of 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #