

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074930

1. Entity Name
ADVANCED AUTOMOTIVE OF PALM CITY, INC.



Principal Place of Business
**3982 SW BRUNER TERRACE
PALM CITY, FL 34990**

Mailing Address
**3982 SW BRUNER TERRACE
PALM CITY, FL 34990**



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-1026299

App'd For
Not App'd For

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

6. Name and Address of Current Registered Agent

**DIAZ, JORGE
1189 SW FOXDEN WAY
PALM CITY, FL 34990**

**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 of the registered agent or the person authorized to change the registered office or registered agent.

**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

**U00000081120
03/08/04-80135-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
DIAZ, JORGE
1189 SW FOXDEN WAY
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
DIAZ, ANGELA
1189 SW FOXDEN WAY
PALM CITY, FL 34990**

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

**DO NOT WRITE
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 a other, like empowered.

SIGNATURE: Angela Kay Diaz Angela K. Diaz 3-3-04 772-834-5172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR