2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P0000092390 1. Entity Name COFFY USED AUTO SALES, INC.					Jul 27, 2005 08:00 AM Secretary of State
Principal Place of Business 530 NW 71ST STREET MIAMI FL 33150		Mailing Address 530 NW 71ST STREET MIAMI FL 33150			
		141174411 1 2 33 133			
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	2
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)
City & State		City & State			4. FEI Number 65-1063900 Applied For Not Applica
Zıp	Country	Zip	Coun	ity	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent N				Name	7. Name and Address of New Registered Agent
COFFY, JEAN LOUIS 14495 NE 10TH AVENUE		-		Street Address ((P.O. Box Number is Not Acceptable)
N. 1	MIAMI FL 33161				
				City	FL Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed hame or registered agent	and title if applicable /NOTE	- Hegyetara	d Agent signaturii zagured	d when reinstat/fu] DATE
F	TLE NOW!!! FEE IS \$150.00	THE THE PERSON NAMED IN COLUMN TO TH	- vogistelet	ongon sgraden regored	
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Financing \$5.00 May I Trust Fund Contribution. Added to Fees
10. Utile	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	COFFY, AIMON 14495 NE 10TH AVENUE NORTH MIAMI FL 33161	- Celeifé —	NAME Selection	1	///00000374686 137/27/05-80004-001 550.00
TITLE		Delete	3350	- 1	☐ Change ☐ Addit
STREET ADDRESS CHTY-ST-ZIP			- 1	ELADORESS SJ-ZIP	·
DJUE NAME		☐ Delete	flilé Name		☐ Change ☐ Addit
STREET ADDRESS GRY+ST-7/P			, IRF	FLADUHESS 51-ZIF	
DILE		☐ Delete	THTLE MAME	1	☐ Change ☐ Addit
STREET ADDRESS			STREE	FLADDRESS S1-ZIP	
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NAME SIPLET ADDPESS			NAME CIREF	: Frandress	
CitA-21-1/b			E CHY-	S1-ZIP	
TITLE NAME STREET ADDRESS		☐ Delete		LADDRESS	☐ Change ☐ Additi
CITY-51-ZIP	cartify that the information cumplied with	this filing done not qualify for	=	of - MF	notion 110.07(2)(i) Elorido Statutos I finalises a mife the tale información
indicated of the cor changed,	on this report or supplemental report is poration or the receiver or trustee emporation or the receiver or trustee emporer or on an attachment with an address,	it this tilling does not gualify for true and accurate and that in owered to execute this report with all other like empowered,	as requir	ure shall have the s ed by Chapter 607	ection 119 07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director, Florida Statutes, and that my name appears in Block 10 or Block 11

INTED NAME OF SIGNING OFFICER OR DIRECTOR