

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90391 046 ***150.00

DOCUMENT # P00000098769

1. Entity Name
WEST SIDE MOTOR COMPANY, INC.



Principal Place of Business
**826 NE 1ST AVE
FT LAUDERDALE, FL 33304**

Mailing Address
**826 NE 1ST AVE
FT LAUDERDALE, FL 33304**

2. Principal Place of Business
201 WEST STATE RD 84
Suite, Apt. #, etc.

3. Mailing Address
201 WEST STATE RD 84
Suite, Apt. #, etc.



03192004 Chg-P CR2E034 (10/03)

City & State
FT LAUDERDALE, FL
Zip **33315** Country **USA**

City & State
FT LAUDERDALE, FL
Zip **33315** Country **USA**

4. FEI Number
65-1094541
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GIARAMITA, JOSEPH R.
4901 N FEDERAL HWY
FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name **Joseph PETRILLO**
Street Address (P.O. Box Number is Not Acceptable)
10960 SW 40th CRT
City **DAVIE** FL Zip Code **33328**

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 _____ (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 **PD** ☐ Delete
NAME **PETRILLO, ANTHONY**
STREET ADDRESS **826 NE 1ST AVE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

TITLE **VD** ☐ Delete
NAME **PETRILLO, JOSEPH**
STREET ADDRESS **826 NE 1ST AVE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33304**

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 ☐ 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

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 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: **Anthony Petrillo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

Daytime Phone #