

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90160 045 ***163.75

DOCUMENT # P00000113649

1. Entity Name

JAH AUTO SALES INC.



Principal Place of Business

4850 SOUTH ORANGE BLOOM TRAIL
ORLANDO FL 32839

Mailing Address

4850 SOUTH ORANGE BLOOM TRAIL
ORLANDO FL 32839

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3706375

☒ Applied For
☐ Not Applicable

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

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

ABREU, OCTAVIO
49 WEST MABRISA WAY
KISSIMMEE FL-34743

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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] OCTAVIO ABREU

3/4/05

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

TITLE P
NAME ABREU, OCTAVIO
STREET ADDRESS 49 WEST MABRISA WAY
CITY-ST-ZIP KISSIMMEE FL 32743 ☐ Delete

TITLE V
NAME ABREU, JUANA A
STREET ADDRESS 9312 HERITAGE ROAD, #308
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE S
NAME ANTON, GREGORY S
STREET ADDRESS 2920 LK. ARNOLD PLACE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME 951 Court yard lane #41
STREET ADDRESS orl FL 32825 ☒ Change ☐ Addition
CITY-ST-ZIP

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

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

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

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

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:

[Signature] OCTAVIO ABREU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

407-850-9374

Date

Daytime Phone #