2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000038102

1. Entity Name

PLANTATION AUTO MALL, INC.



FILED Mar 12, 2004 08:00 AM Secretary of State

Principal Place of Business 850 N STATE RD 7 PLANTATION, FL 33317 Mailing Address

135 SWAN AVE

PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

 02052004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 [App)iet

65-1149220

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOGAN, SCOTT 850 N STATE RD 7 PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

			114 1	IIIO OFACE
8. The above the obligat	named onlify submits this statement for the parents of registered agent,	ourpose of changing its registered office or	registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tale t	# applicable (NOTE Registered Agent signals	re required when reinstating)	OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				
THEE NAME SHREEF ADDRESS CHY-ST-ZP	D KOGAN, SCOTT 850 N STATE RD 7 PLANTATION, FL 33317	:- ·		
TIFEE NAME STREET ADDRESS CREY-SE 719	S GOLDSTEIN, VICKIE 850 N STATE ROAD 7 PLANTATION, FL 33317			33 (3 33)
HHEE NAME STREET ABORESS CHY ST ZIP			DO	NOT WRITE
HILE NAME STREET ADDRESS CITY-SI-ZIP			IN T	HIS SPACE
TITLE NAME SURFET ADDRESS			·	

12. Thereby certify that the information supplied with this filling 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 logal 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 attachartent with an address, with all other like empowered

SIGNATURE:

CHY ST-ZIP

HILL

NAME

SHELT ABUNESS

CHY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

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