


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000054893 1. Entity Name LEADER AUTO SALES U.S.A., INC.	
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Principal Place of Business 951 NW 3RD AVE BAY #7 FLORIDA CITY, FL 33034	Mailing Address 12521 SW 252 TERRACE PRINCETON, FL 33032
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05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1109039	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGUILAR, JULIO A 12521 SW 252 TERRACE PRINCETON, FL 33032

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

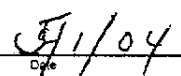
U00000156130
05/05/04-80064-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUILAR, JULIO A 12521 SW 252 TERRACE PRINCETON, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AGUILAR, MIRIAM J 12521 SW 252 TERRACE PRINCETON, FL 33032
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**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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date Daytime Phone #