

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000065753

1. Entity Name
BICK'S AUTO WORLD, INC.



Principal Place of Business
**11700 TERRA BELLA BLVD
PLANTATION, FL 33324**

Mailing Address
**983 WINDHARD WAY
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1124384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BICKRAM, RAMNARINE
11700 TERRA BELLA BLVD
PLANTATION, FL 33325**

**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)

(NOT Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000886510
04/18/08-80060-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMNIRINE, BICKRAM
STREET ADDRESS	11700 TERRA BELLA BLVD
CITY- ST- ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08
Date

954 389 8753
Daytime Phone #