2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90006 025 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P01000091394

1. Entity Name

WEST MICHIGAN CARS, INC.

Principal Place of Business	Mailing Address
931 W MICHIGAN ST ORLANDO FL 32805	931 W MICHIGAN ST ORLANDO FL 32805

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3749303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, MARIA
931 W MICHIGAN ST
ORLANDO FL 32805

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	VP	☐ Delete
NAME	PEREZ, MARIA	
STREET ADDRESS	931 W MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	☐ Delete
NAME	PEREZ, JOHNATAN	
STREET ADDRESS	931 W MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	PD	☐ Delete
NAME	MONICA, PEREZ S	
STREET ADDRESS	931 W MICHIGAN ST	
CITY-ST-ZIP	ORLANDO FL 32803	
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
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STREET ADDRESS		
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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: Monica Perez PRESIDENT 4-15-04 (407-835-1594)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #