

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000107303	
1. Entity Name BAMU AUTO SALES, INC.	

Principal Place of Business 1520-1 NORTH DIXIE HWY HOLLYWOOD, FL 33020	Mailing Address 1520-1 NORTH DIXIE HWY HOLLYWOOD, FL 33020
--	--



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153318	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**AREVALO, ALDEMAR
1520-1 N DIXIE HWY
HOLLYWOOD, FL 33020**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

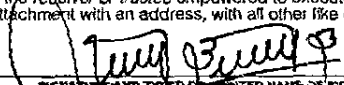
10. OFFICERS AND DIRECTORS

TITLE P	GIMENO, RAFAEL
NAME	
STREET ADDRESS 19051 SW 24 STREET	
CITY-ST-ZIP MIRAMAR, FL 33029	
TITLE PD	GIMENO, RAFAEL
NAME	
STREET ADDRESS 2121 SW 176 AVE.	
CITY-ST-ZIP MIRAMAR, FL 33023	
TITLE V	BAENA, HAROLD
NAME	
STREET ADDRESS 1520-1 NORTH DIXIE HWY	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE S	AREVALO, ALDEMAR
NAME	
STREET ADDRESS 1520-1 N DIXIE HWY	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000514606
04/29/06-80179-003 150.00

**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:  **HAROLD BAENA** **OK-13 06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #