


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

P01000115034

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 8 AM 8:31

<b>DOCUMENT # P01000115034</b>		
1. Entity Name <b>SHOWROOM AUTO SALES, INC.</b>		

Principal Place of Business <b>221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984</b>	Mailing Address <b>221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03242004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1160001</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>KOHL, N. DEAN JR ESQ 50 S.E. KINDRED STREET STE 107 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name <b>STEPHEN NAVARETTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1100 SW ST LUCIE WEST BLVD</b> City <b>PORT ST. LUCIE</b> FL Zip Code <b>34986</b>	
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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.

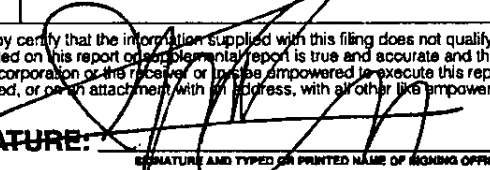
SIGNATURE  **STEPHEN NAVARETTA** DATE **3/25/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CLARK, JOSEPH 221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>VPSD</del> P/S/D MERINGOLA, YOLANDA 221 SW PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34984</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARILYN DRISCOLL 221 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34984</b> <input checked="" type="checkbox"/> Delete <b>ADD</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and 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:  **CLAUDIA MERINGOLA** Date **4/6/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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