

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90652 050 ***150.00

DOCUMENT # P01000117789

1. Entity Name

WINSTON'S AUTO SALES & SERVICE, INC.



Principal Place of Business

Mailing Address

1520 W DIXIE HWY
UNIT 3
HOLLYWOOD FL 33020

801 SW 133RD TERRACE
UNIT 318
PEMBROKE PINES FL 33027

04031601



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

1520 W. Dixie Hwy
Suite, Apt. #, etc.
Unit 3

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

4. FEI Number 30-0017720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, WINTFORD
801 SW 133RD TERR #318
PEMBROKE PINES FL 33027

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
STREET ADDRESS CAMERON, WINTFORD O
CITY-ST-ZIP 801 S.W. 103RD TERR UNIT 318
PEMBROKE PINES FL 33027

TITLE
NAME Angel M. Romero - VP
STREET ADDRESS 801 SW 133rd Terrace Unit 318
CITY-ST-ZIP Pembroke Pines FL 33027

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #