

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90009 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

7/15

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HIT

(305) 891-2925

FAX: (305) 891-2935



05302004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3588530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

GHODSI, MEHDI  
7411 N.W. 54TH STREET  
~~4344000R~~  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

B. 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: MEHDI GHODSI 7-28-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD.
NAME	GHODSI, MEHDI
STREET ADDRESS	7411 N.W. 54TH STREET
CITY-ST-ZIP	MIAMI, FL 33166
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 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: X mehd 7-28-04 (305) 401-8185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
66431567

June 30, 2004

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

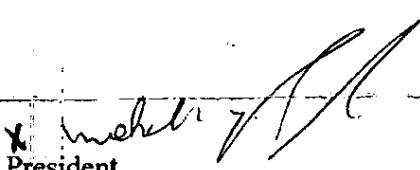
Re: AMERIFIRST AUTO CENTER, INC.  
Doc: P02000006344

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filing year. According to your received an annual report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

x   
President



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 21, 2004

AMERIFIRST AUTO CENTER, INC.  
7411 N.W. 54TH ST.  
MIAMI, FL 33166

Subject: AMERIFIRST AUTO CENTER, INC.

Reference Number: P02000006344

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG

ANNUAL REPORTS SECTION