

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000015571

1. Entity Name  
PR MEX AUTO SALES, INC



Principal Place of Business  
8033 WELLSMERE CIR.  
ORLANDO, FL 32835 US

Mailing Address  
8033 WELLSMERE CIR.  
ORLANDO, FL 32835 US

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jul 11, 2005 8:00 am  
Secretary of State**

07-11-2005 90123 019 \*\*\*150.00

**14018532**



06032005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0393703	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PEREYRO, JOSE  
8033 WELLSMERE CIR.  
ORLANDO, FL 32835

**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

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  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PEREYRO, JOSE  
STREET ADDRESS 8033 WELLSMERE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE  
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:

SIGNATURE ADDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/05 - 407 948 8544

Date

Daytime Phone #