

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000027267

1. Entity Name
V & W AUTO SALES, INC.



Principal Place of Business
4816 N. CHURCH AVE.
TAMPA, FL 33614-6563

Mailing Address
4816 N. CHURCH AVE.
TAMPA, FL 33614-6563

DO NOT WRITE IN THIS SPACE

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04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0618837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, WALDEMAR
4816 N. CHURCH AVE.
TAMPA, FL 33614-6563

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMIREZ, WALDEMAR 4816 N. CHURCH AVE. TAMPA, FL 336146563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS RAMIREZ, VIVIAN J 4816 N. CHURCH AVE. TAMPA, FL 336146563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/23/04-80019-021 150.00

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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: Vivian J. Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 813-879-6819
Date Daytime Phone #