

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028326

1. Entity Name
VARADERO AUTO SALES INC.



Principal Place of Business

**8125 NW 74 AVE
HIALEAH, FL 33018**

Mailing Address

**8898 NW 114 ST
HIALEAH GARDENS, FL 33018**



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **01-0660146** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAVEZ, ERNESTO
8898 NW 114 ST
HIALEAH GARDENS, FL 33018**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAVEZ, ERNESTO
STREET ADDRESS 8898 NW 114 ST
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE VD
NAME PONCE, JULIET
STREET ADDRESS 8898 NW 114 ST
CITY-ST-ZIP HIALEAH GARDENS, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000495889
04/21/06-80028-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 3864136906
Date Daytime Phone