



2004 FOR PROFIT CORPORATION ANNUAL REPORT

1082

DOCUMENT # P02000110060 1. Entity Name PREOWNED MOTORS OF FLORIDA INC						FILED 04 AUG 19 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4190 PALM BEACH BLVD. FORT MYERS, FL 33916				Mailing Address 4190 PALM BEACH BLVD. FORT MYERS, FL 33916			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RODRIGUEZ, JAIME 4190 PALM BEACH BLVD. FORT MYERS, FL 33916				Name			
				Street Address (P.O. Box Number Is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code 33916 </div>			
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: <u><i>[Signature]</i></u> 8/18/04 <small>Signature, printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDOZA, MARIA C 604 E. 30 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria C. Cardoza 604 E 30 Street Hialeah, FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, JAIME 4190 PALM BEACH BLVD. FORT MYERS, FL 33916 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cheryl Schwartz 4190 Palm Beach Blvd. Ft Myers, FL 33916 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400040494964 08/25/04--01034--006 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> 8/18/04 305696-4695 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

To Whom it May Concern,

Enclosed please find a Money Order
in the amount of \$150.00 for our 2004
annual Report and ask if you would
waive the penalty fee because we did not
receive any notice in the mail for 2004.
Thank you for your time.

Jaime Rodriguez, VP