2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000118032

1. Entity Name

SUBASTA AUTO SALES, INC.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7360 CORAL WAY, STE. 21 MIAMI, FL 33155

7360 CORAL WAY, STE. 21 MIAMI, FL 33155



04082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 16-1642147 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORONADO, NESTOR 7360 CORAL WAY, STE. 21 MIAMI, FL 33155

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				IIN	I NIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered	Agent signature	required when reinstaling)	DATE
FILE NOW!!! FEE IS \$150.00 ,After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P MENGUAL, HEINSTEIN 4743 N.W. 112 CT. MIAMI, FL 33178 VP				.4./30.04~90109~013 150.00
NAME STREET ADDRESS GITY-ST-ZIP	MENGUAL, ELKIN 4743 N.W. 112 CT. MIAMI, FL 33178				(4.730.404~30109~013 150.0 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling 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: ______

STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Byla 4-16-04

Daylime Phone #