

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 APR -6 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130218

1. Entity Name
LOW PRICE AUTO SALES, INC.



Principal Place of Business

2160 NW 79 ST.
MIAMI, FL 33147

Mailing Address

2160 NW 79 ST.
MIAMI, FL 33147

DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05) 06

4. FEI Number
01-0757729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMADOR, JUAN
2160 NW 79 ST.
MIAMI, FL 33147

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	S
NAME	CARDOZA, JAIME
STREET ADDRESS	1140 NW 79TH ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD
NAME	RODRIGUEZ, JAIME
STREET ADDRESS	1410 NW 79TH ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	PD
NAME	AMADOR, JUAN
STREET ADDRESS	2160 NW 79 ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700072297877
04/27/06--01020--006 **150.00

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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: *Juan Amador*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/06
Date Daytime Phone #