

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90039 042 \*\*\*150.00

<b>DOCUMENT # P03000004101</b>																	
<b>1. Entity Name</b> <b>J.R. AUTO SALES OF KISSIMMEE INC</b>																	
<b>Principal Place of Business</b> 2794A N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 US			<b>Mailing Address</b> 2794A N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 US														
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>														
Suite, Apt. #, etc.			Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		<b>4. FEI Number</b> 32-0053495													
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable													
<b>6. Name and Address of Current Registered Agent</b> ROSARIO, ZORAIDA 2794A N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744																	
<b>7. Name and Address of New Registered Agent</b>																	
Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City																	
State <b>FL</b> Zip Code																	
<b>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.</b>																	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)																	
Signature, typed or printed name of registered agent and title if applicable.																	
DATE																	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>													
<b>10. OFFICERS AND DIRECTORS</b>																	
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<b>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.</b>																	
<b>SIGNATURE:</b> <u>Zoraida Rosario</u> <u>3/24/04</u> <u>407-933-5560</u>																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date																	
Daytime Phone #																	