


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-08-2004 90018 022 ***150.00

DOCUMENT # P03000012662	
1. Entity Name PRECIOUS CAR SALES, INC.	

Principal Place of Business 607 LARRIE ELLEN WAY BRANDON FL 33511	Mailing Address 607 LARRIE ELLEN WAY BRANDON FL 33511
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2. Principal Place of Business 1402 LEMMA AVE	3. Mailing Address 607 LARRIE ELLEN WAY
Suite, Apt. #, etc. 3	Suite, Apt. #, etc.
City & State SEFFNER FL	City & State BRANDON
Zip 33584	Country HILLSBOROUGH
Zip 33511	Country HILLSBOROUGH



MOORE CR2E034 (11/03)

4. FEI Number 22-3891625		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent IRANI, ASPI 607 LARRIE ELLEN WAY BRANDON FL 33511		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *ASPI IRANI* DATE 4/1/04

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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRANI, ASPI 607 LARRIE ELLEN WAY BRANDON FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *ASPI IRANI* 4/1/04 813 657 5489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #