~~2004~~ **FOR PROFIT CORPORATION**
2005 **ANNUAL REPORT (AR)**

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90315 047 ***150.00

DOCUMENT # P03000012662

1. Entity Name
PRECIOUS CAR SALES, INC.

Principal Place of Business	Mailing Address
607 LARRIE ELLEN WAY BRANDON FL 33511	607 LARRIE ELLEN WAY BRANDON FL 33511

14000295

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
1402 LOTHIA AVE	607 LARRIE ELLEN WAY
Suite, Apt. #, etc. 1	Suite, Apt. #, etc
City & State SEFFNER FL	City & State BRANDON
Zip 33584 Country HILLSBOROUGH	Zip 33511 Country Hillsborough

4. FEI Number 22-3891625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ASPI IRANI 4/15/05
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

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 ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	IRANI, ASPI	
STREET ADDRESS	607 LARRIE ELLEN WAY	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4/16/05 813 657 5489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ASPI IRANI 4/15/05 813 657 5489