

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90008 035 ***150.00

DOCUMENT # P03000017109

1. Entity Name

AUTO MAR, INC.



Principal Place of Business

7345 SANDLAKE ROAD STE 203
ORLANDO FL 32819

Mailing Address

7345 SANDLAKE ROAD STE 203
ORLANDO FL 32819

2. Principal Place of Business

7345 SANDLAKE RD.

3. Mailing Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

ORLANDO FL.

City & State

ORLANDO FL

Zip

32819

Country

Zip

32819

Country

4. FEI Number

16-1654645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

OBANDO, RONNY O
7345 SANDLAKE ROAD STE 203
ORLANDO FL 32819

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

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 D ☐ Delete
NAME OBANDO, RONNY O
STREET ADDRESS 7345 SANDLAKE ROAD STE 203
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
NAME BARRANTES, ANY B
STREET ADDRESS 7345 SANDLAKE ROAD STE 203
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME RONNY ORTIZ
STREET ADDRESS 7511 SEURAT ST. No. 306
CITY-ST-ZIP ORLANDO FL. 32819

TITLE DVP ☒ Change ☐ Addition
NAME ANY B. BARRANTES
STREET ADDRESS 7511 SEURAT ST. No. 306
CITY-ST-ZIP ORLANDO FL. 32819

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

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

TITLE ☐ Change ☐ Addition
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:

Any Barrantes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/04 (407) 9030274

Date

Daytime Phone #