2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 8:00 am DOCUMENT # P03000025394 **Secretary of State** 1. Entity Name 02-09-2004 90056 032 ***150.00 G.P.M. AUTO SERVICE, INC. 1 Principal Place of Business Mailing Address 680-CYPRESS CLUB-WAY-#10-POMPANO BEACH FL 33064 680 CYPRESS CLUB WAY-#10 POMPANO BEACH FL 93064 3. Mailing Address 6379 Bella Circle 2. Principal Place of Business (6379,110) alla Circleta Bara Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Unit 606 Applied For City & State City & State 4. FEI Number inton Beach FL 27-0050643 Boynton Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3437 . Fee Required vsA7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sonzalez GONZALEZ, GERMAN E 680 CYPRESS CLUB WAY #10 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 6379 Bella Circle Unit 606 City Boynton Beach 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. Derman Signature, typed o printed name of registered FILE NOW!!! FEE IS \$150.90 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Gonzdlez Germon E M Change TITLE ☐ Delete TITLE GONZALEZ, GERMAN E NAME 6379 Bella Circle Unit 606 NAME STREET ADDRESS 680 CYPRESS CLUB WAY #10 STREET ADDRESS Beach FL 33437. CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-7IP Addition Delete THILE TITLE MARKE STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITI F ☐ Delete TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 2-2-04 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NA ING OFFICER OR DIRECTOR Daytime Phone # ME OF

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