

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90027 025 ***150.00

DOCUMENT # P03000030643

1. Entity Name

CUBAN ISLAND AUTO SALES, INC.



Principal Place of Business

460 NE 135TH STREET
NORTH MIAMI FL 33161

Mailing Address

460 NE 135TH STREET
NORTH MIAMI FL 33161

94023170



MOORE CR2E034 (11/03)

2. Principal Place of Business

460 NE 135 ST

Suite, Apt. #, etc.

3. Mailing Address

460 NE 135 ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

4. FEI Number

55-0823509

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ORLANDO
460 NE 135TH STREET
NORTH MIAMI FL 33161

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 PVSD ☐ Delete
NAME GARCIA, ORLANDO
STREET ADDRESS 460 NE 135TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE TD ☐ Delete
NAME TARRAGO, ARLENA
STREET ADDRESS 460 NE 135TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33161

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-04

305-895 9064

Date

Daytime Phone #