

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000038739

1. Entity Name  
BATISTA AUTO SALES, INC.



Principal Place of Business  
8604 N. FLORIDA AVE.  
TAMPA, FL 33604

Mailing Address  
8604 N. FLORIDA AVE.  
TAMPA, FL 33604



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
90-0081324

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATISTA, JUAN J P.  
4907 WOODMERE RD.  
LAND O LAKES, FL 34639

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000945952  
05/30/08-80029-003 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BATISTA, JUAN J  
STREET ADDRESS 4907 WOODMERE RD.  
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE V  
NAME MARTINEZ, CARMEN L V  
STREET ADDRESS 4907 WOODMERE RD  
CITY-ST-ZIP LAND O LAKES, FL 34639

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

PLEASE SIGN,  
DATE & MAIL

12. I hereby certify that the information supplied with this filing does not only for the exemptions contained in Chapter 119, 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

4/25/08 813-933-6379

Date

Daytime Phone #