


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000047849  
 1. Entity Name  
 CITI AUTO BANK INC.



Principal Place of Business      Mailing Address  
 7417 N.W. 54TH STREET      7417 N.W. 54TH STREET  
 MIAMI, FL 33166                      MIAMI, FL 33166



**DO NOT WRITE IN THIS SPACE**

04132005      No Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
 16-1663741                      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SOCARRAS, ORLANDO  
 7417 N.W. 54TH STREET  
 MIAMI, FL 33166

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SOCARRAS, ORLANDO 7417 N.W. 54TH STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SOCARRAS, ANGELICA 7417 N.W. 54TH STREET MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/15/05-80044-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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) \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 04/15/05      Daytime Phone #: 305-542-039