## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 02-16-2007 90031 003 \*\*\*150.00 DOCUMENT # P03000063118 DOR'S AUTO SALES INC 40018924 Principal Place of Business Mailing Address 1881 SW 31 AVE 1881 SW 31 AVE PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 42-1596108 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REID, DWIGHT O Street Address (P.O. Box Number is Not Acceptable) **352 SW 121 TERRACE** PEMBROKE PINES, FL 33025 City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Delete TITLE ☐ Change REID, DWIGHT NAME NAME STREET ADDRESS **352 SW121 TERRACE** STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33025 CITY-ST-71P TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delote TILLE ☐ Change ☐ Addition TITLE NAME 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 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-effect provided.

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

☐ Delete

☐ Delete

☐ Delete

754-581-28

Change Change

☐ Change

Change

☐ Addition

☐ Addition

Addition

**FILED** Feb 16, 2007 8:00 am