

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 016 ***150.00

DOCUMENT # P03000063118 1. Entity Name DOR'S AUTO SALES INC			
Principal Place of Business 1881 SW 31 AVE T-6 PEMBROKE PARK, FL 33009		Mailing Address 1881 SW 31 AVE T-6 PEMBROKE PARK, FL 33009	
2. Principal Place of Business - No P.O. Box # 2041 SW 70 AVE		3. Mailing Address 2041 SW 70 AVE	
Suite, Apt. #, etc. D-6		Suite, Apt. #, etc. D-6	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33317		Zip 33317	
Country USA		Country USA	
4. FEI Number 42-1596108		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, DWIGHT O 352 SW 121 TERRACE PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME REID, DWIGHT	STREET ADDRESS 352 SW121 TERRACE	<div style="font-size: 1.5em; font-family: cursive;"> Please note change of address on line 2. Thanks. </div>	
CITY-ST-ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS NAME		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME		
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME		
TITLE NAME	STREET ADDRESS NAME	Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	Addition	
TITLE NAME	STREET ADDRESS NAME	Addition	
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	Addition	
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 other like empowered.			
SIGNATURE: <i>Dwight Reid</i>		Date: 4-2-08	
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		<small>Daytime Phone #</small>	