


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90017 002 ***150.00

DOCUMENT # P03000076155

1. Entity Name
AMERICA BEST AUTO, INC.



Principal Place of Business Mailing Address
4775 N. SEMINOLE AVENUE WINTER PARK, FL 32792 **4775 N. SEMINOLE AVENUE WINTER PARK, FL 32792**

94028049



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
14018 CHERRY BUSH COURT

03082004 Chg-P CR2E034 (10/03)

City & State City & State
ORLANDO, FL

4. FEI Number Applied For
13-4257744 Not Applicable

Zip Country Zip Country
32828 ORANGE

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

6. Name and Address of Current Registered Agent
SAFFAR, SAAD
14018 CHERRY BUSH COURT
ORLANDO, FL 32828

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	D SAFFAR, SAAD
STREET ADDRESS	4775 N. SEMINOLE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	P SAFFAR, SAAD
STREET ADDRESS	4775 N. SEMINOLE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	S SAFFAR, SAAD
STREET ADDRESS	4775 N. SEMINOLE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	T SAFFAR, SAAD
STREET ADDRESS	4775 N. SEMINOLE AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/9/2004** **407-697-5820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #