

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-21-2004 90053 047 ***150.00
P03000098615

DOCUMENT # P03000098615

1. Entity Name

LACERTE AUTO SALE CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JUN 16 PM 3:35

Principal Place of Business: 9551 HIGHWAY 78 WEST OKEECHOBEE FL 34974
Mailing Address: 9551 HIGHWAY 78 WEST OKEECHOBEE FL 34974

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 22480 Labrador St.
Suite, Apt. #, etc.

City & State: BOCA RATON, FL

Zip: 33428 Country: [Blank]



MOORE CR2E034 (11/03)

4. FEI Number: 51-0482199 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
LACERTE, CLAUDE
22480 LABRADOR STREET
BOCA RATON FL 33428

7. Name and Address of New Registered Agent
Name: [Blank]
Street Address (P.O. Box Number is Not Acceptable): [Blank]
City: [Blank] FL Zip Code: [Blank]

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
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: D | <input type="checkbox"/> Delete |
| NAME: LACERTE, CLAUDE | |
| STREET ADDRESS: 22480 LABRADOR STREET | |
| CITY-ST-ZIP: BOCA RATON FL 33428 | |
| TITLE: D | <input checked="" type="checkbox"/> Delete |
| NAME: LACERTE, JEAN-LOUIS | |
| STREET ADDRESS: 2436 N. FEDERAL HWY. | |
| CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064 | |
| TITLE: [Blank] | <input type="checkbox"/> Delete |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | <input type="checkbox"/> Delete |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | <input type="checkbox"/> Delete |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: [Blank] | |
| STREET ADDRESS: [Blank] | |
| CITY-ST-ZIP: [Blank] | |

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #