

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 048 ***150.00

DOCUMENT # P03000105680

1. Entity Name
GRAND AVENUE AUTO SALES, INC.



Principal Place of Business

~~540 N. HIGHWAY 434~~
~~SUITE 10~~
~~ALTAMONTE SPRINGS, FL 32714-2134~~

Mailing Address

128 GENIEVEVE DRIVE
ALTAMONTE SPRINGS, FL 32701

94067603



2. Principal Place of Business

21010 Mailbox Ave.

3. Mailing Address

Suite, Apt. #, etc.

04212004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite A

City & State

Orlando Florida

4. FEI Number

20-0333898

Applied For

Not Applicable

Zip

32803

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, MIGDY A
128 GENIEVEVE DRIVE
ALTAMONTE SPRINGS, FL 32701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PST
NAME FIGUEROA, MIGDY A MRS.
STREET ADDRESS ~~540 N. HIGHWAY 434~~
CITY-ST-ZIP ~~ALTAMONTE SPRINGS, FL 32714-2134~~

TITLE CFO
NAME Orlando Ortiz
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFO/Dir.
NAME Orlando Ortiz
STREET ADDRESS 128 GENIEVEVE DRIVE
CITY-ST-ZIP Altamonte Springs, FL 32714-2134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]* President

4-23-04

407-260-9664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #