2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## ANNUAL REPORT (AR) Feb 10, 2004 8:00 am **Secretary of State DOCUMENT # P03000111884** 1. Entity Name 02-10-2004 90015 049 \*\*\*150.00 YTS AUTOSALES, INC. Principal Place of Business Mailing Address 3521 NORTH 52ND AVENUE HOLLYWOOD FL 33021 3521 NORTH 52ND AVENUE HOLLYWOOD FL 33021 3. Mailing Address 2500 S 2. Principal Place of Business Road Park Road 2500 5 Fark Suite, Apt. #, etc te, Apt. #, etc CR2E034 (11/03) Applied For 4. FEI Number -0527 93 | ΤL Not Applicable Country \$8.75 Additional 3009 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ JGAL TAHOR TAHOR, YGAL 3521 NORTH 52ND AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 52 nd North Avenue Hollywood 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. Jaal Tahor **SIGNATURE** Signature, typed of printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D TITLE [7] Change ☐ Addition ☐ Delete TAHOR, YGAL NAME NAME 3521 NORTH 52ND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7/P ☐ Delete TITE F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete DITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

954.655-3709