

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000129100

1. Entity Name
**PROFESSIONAL AUTO AND TRUCK SALES
CORPORATION**



FILED

04 APR 27 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9831 N.W. 27TH AVE.
MIAMI, FL 33147

Mailing Address
9831 N.W. 27TH AVE.
MIAMI, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2132313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLAR, JACOB O
8035 S.W. 15 ST.
MIAMI, FL 33144

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SALSANA, NEMROD M
STREET ADDRESS 9831 N.W. 27TH AVE.
CITY-ST-ZIP MIAMI, FL 33147 ☐ Delete

TITLE PD
NAME SALSANA, NEMROD M
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME VILLAR, JACOB O
STREET ADDRESS 8035 S.W. 15 ST.
CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
400035780814
05/07/04--01094--006 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Jacob Villar Secretary/Director 4-22-04 (305) 693-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #