2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

DOCUMENT # P03000137576 1. Enlity Name HMS AUTO DEALERS, INC.			01-23-2004 90037 044 ***150.00		
Principal Place of Business	Mailing Address		-		
2090 SW 71 TERR, BAY G-1 DAVIE, FL 33317 2090 SW 71 TERR, BAY G-1 DAVIE, FL 33317		Y G-1			
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01162004 Chg-P	CR2E034 (10/03)	
City & State	City & State		4. FEI Number - 043	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
			7Name and Address of New	v Registered Agent	
LAMELAS, WILLY		Name	Name		
2090 SW 71 TERR, BAY G-1 DAVIE, FL 33317		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City		Zip Code	
The above named entity submits this statement for the stateme	or the purpose of changing its	registered office or registe	ared agent, or both, in the State of		
the obligations of registered agent	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. Togoto o o omoo o rogisti	sion agont, or boat, at the older of	Torrott. Territarinia with, and accept	
SIGNATURE			e e e e e e e e e e e e e e e e e e e		
Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.	9. Election Campa		5.00 May Be ded to Fees		
10.1 Parties OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 11	
TITLE DPT	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME LAMELAS, WILLY STREET ADDRESS 2090 SW 71 TERR. BAY G-1		NAME			
STREET ADDRESS 2090 SW 71 TERR, BAY G-1 CITY-ST-ZIP DAVIE, FL 33317		STREET ADDRESS CITY-ST-ZIP			
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	Delete	TITLE		☐ Change ☐ Addition	

I hereby certify that the information supplied with this filling 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.

GNATURE:

JULIA LANGUAGE

GNATURE:

SIGNATURE: Willy J. Lun Willy LAMELAS - PAES
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR