

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082877

1. Entity Name
MY DADY AUTO SALES, INC.



Principal Place of Business
3661 NW 27TH AVE. B
MIAMI, FL 33142

Mailing Address
3661 NW 27TH AVE. B
MIAMI, FL 33142

05 MAY -2 AM 11:31

STATE OF FLORIDA
DEPARTMENT OF REVENUE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005

Chg-P

CR2E034 (10/03)

05

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

LOPEZ, ENRIQUE
3661 NW 27TH AVE. #B
MIAMI, FL 33142

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, 2005 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 ☐ Delete
NAME LOPEZ, ENRIQUE
STREET ADDRESS 3661 NW 27TH AVE. B
CITY-ST-ZIP MIAMI, FL 33142

TITLE Director ☒ Change ☐ Addition
NAME Lopez, Enrique
STREET ADDRESS 3661 NW 27 Ave B
CITY-ST-ZIP Miami, FL 33142

TITLE P ☐ Delete
NAME Miguel Ramon Castro
STREET ADDRESS 3661 NW 27 Ave B
CITY-ST-ZIP Miami, FL 33142

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

TITLE T ☐ Delete
NAME Libia Lopez
STREET ADDRESS 3661 NW 27 Ave B
CITY-ST-ZIP Miami, FL 33142

TITLE ☐ Change ☒ Addition
NAME 400054666654
STREET ADDRESS 05/17/05--01024--010
CITY-ST-ZIP **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

305-235-7933

Date

Daytime Phone #