

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000121838

1. Entity Name
F. B. AUTO SALES, CORP.



Principal Place of Business
606 W. MOWRY DR.
HOMESTEAD, FL 33030

Mailing Address
606 W. MOWRY DR.
HOMESTEAD, FL 33030



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3473217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOCANEGRA, FELICIANO JR
18786 SW 344TH DR.
FLORIDA CITY, FL 33034

**DO NOT WRITE
IN THIS SPACE**

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

4/24/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOCANEGRA, FELICIANO
STREET ADDRESS 970 NE 5TH AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE SD
NAME BOCANEGRA, IRMA
STREET ADDRESS 970 NE 5TH AVE.
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE D
NAME BOCANEGRA, FELICIANO JR
STREET ADDRESS 18786 SW 344TH DR.
CITY-ST-ZIP FLORIDA CITY, FL 33034

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/24/08
Date

7862430468
Daytime Phone #