2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P06000013820

1. Entity Name GOLDEN ROD AUTO SALES, INC.



FILED Apr 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

5912 SW 25TH STREET

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HOLLYWOOD, FL 33023

HOLLYWOOD, FL 33023



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04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4222960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, JOSE A 2105 SW 72ND AVE **DAVIE, FL 33317**

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its register	ed office or registered agent, or bo	th, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typed or printeghand of registered agent and title it	applicable (NOTE Registere	ed Agent signature required when reinstating)	04/21/08
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing \$5.00 May Be	
10.	OFFICERS AND DIREC	TORS		Le sali sentre de la
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIMENEZ, JOSE A 2106 SW 72ND AVENUE DAVIE, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
Title Name Street address City-St-Zip			DO	NOT WRITE
TITLE NAME Street address City-St-Zip				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 69. 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:

NAME STREET ADDRESS CITY-ST-ZIP

> JOSE A JIMENEZ, PRESIDEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

954-962-3208