

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000036758

1. Entity Name
HILUX CAR DEALERS, INC.



FILED

12 MAY 23 AM 10:41

CLERK OF THE CLERK OF THE
TALLAHASSEE, FLORIDA

Principal Place of Business
1600 NORTH STATE ROAD 7, STE. A
HOLLYWOOD, FL 33021 US

Mailing Address
1600 NORTH STATE ROAD 7, STE. A
HOLLYWOOD, FL 33021 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

05072012 Chg-P CR2E034 (12/11)

4. FEI Number
27-2438599

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

MOREAU, PHILOMENE D
4990 SW 52ND ST
BAY 205
DAVIE, FL 33314

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 \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

P
MOREAU, PHILOMENE D
4990 SW 52ND ST BAY 205
DAVIE, FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

ST
MOREAU, MELO
4990 SW 52ND ST BAY 205
DAVIE, FL 33314

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

100235481901
05/23/12--01003--006 ***150.00

TITLE
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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:

Melo Moreau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

MAY 23 2012

S. PRATHER