

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000030846

1. Entity Name
VENECUBA AUTO SALES, INC.



Principal Place of Business

**1046 EAST 43 STREET
HIALEAH, FL 33013**

Mailing Address

**1046 EAST 43 STREET
HIALEAH, FL 33013**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0414728	Applied For ☐
5. Certificate of Status Desired ☐	Not Applicable ☐
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**YGLESIAS, JOSE LUIS
10305 N.W. 35 AVE.
MIAMI, FL 33147**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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	PD IGLESIAS, JOSE 10305 N.W. 35 AVE. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IGLESIAS, JOSE LUIS 10305 N.W. 35 AVE. MIAMI, FL 33147
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000000119597
04/19/04-80106-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

JOSE IGLESIAS

4/15/04

(305) 694-0503

Date

Daytime Phone #