


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90010 035 ***150.00

DOCUMENT # P93000052830					
1. Entity Name SHARP DEAL AUTOMOBILES CORPORATION					
Principal Place of Business 3095 OKEECHOBEE RD HIALEAH, FL 33012 US			Mailing Address 3095 OKEECHOBEE RD HIALEAH, FL 33012 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 65-0442596	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SRUR, MIGUEL O 3095 W. OKEECHOBEE RD. HIALEAH, FL 33012			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SRUR, MIGUEL OSCAR 3095 W OKEECHOBEE RD HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SRUR, JUAN ROLANDO 3095 W OKEECHOBEE RD HIALEAH, FL 33012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SRUR, ETEL 4779 COLLINS AVE., APT 1001-B MIAMI, FL 33140 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			04 19 07 305-883-9041 Date Daytime Phone #		



ATTACHMENT 40079040
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P93000052830

Business Entity Name

SHARP DEAL AUTOMOBILES CORPORATION

FEI Number 650442596
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 3095 OKEECHOBEE RD
Suite, Apt. #, etc.
City, State HIALEAH , FL
Zip Code & Country 33012 US

Mailing Address

Address 3095 OKEECHOBEE RD
Suite, Apt. #, etc.
City, State HIALEAH , FL
Zip Code & Country 33012 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SRUR , MIGUEL , O ,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 3095 W. OKEECHOBEE RD.

Suite, Apt. #, etc.

City, State HIALEAH , FL
Zip Code & Country 33012 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT 40079040

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PD
Name (Last, First, Middle, Title) SRUR , MIGUEL OSCAR ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3095 W OKECHOBEE RD
City, State HIALEAH , FL
Zip Code & Country 33012

Title SD
Name (Last, First, Middle, Title) SRUR , JUAN ROLANDO ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 3095 W OKEECHOBEE RD
City, State HIALEAH , FL
Zip Code & Country 33012

Title VD
Name (Last, First, Middle, Title) SRUR , ETEL ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 4779 COLLINS AVE., APT 1001-B
City, State MIAMI , FL
Zip Code & Country 33140

Title

ATTACHMENT 40079040

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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