

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000066054

1. Entity Name  
SPECIALTY CAR SALES, INC.



Principal Place of Business  
245 ALTARA AVE  
MIAMI, FL 33146 US

Mailing Address  
3939 HARDIE RD.  
COCONUT GROVE, FL 33133 US

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**



04032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0439404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FELDMAN, BENNETT G  
2655 LEJEUNE RD  
SUITE 541  
CORAL GABLES, FL 33134

**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	DVC
NAME	YUNIS, JEFFREY R
STREET ADDRESS	3939 HARDIE RD.
CITY-ST- ZIP	COCONUT GROVE, FL
TITLE	P
NAME	YUNIS, ADAM
STREET ADDRESS	3939 HARDIE RD.
CITY-ST- ZIP	COCONUT GROVE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000103455  
04/05/04-80057-010 150.00

**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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #