

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 025 ***150.00

DOCUMENT # P94000037959 1. Entity Name BELL AUTO SALES, INC.					
Principal Place of Business 17801 S. DIXIE HWY. MIAMI, FL 33157 US			Mailing Address 17801 S. DIXIE HWY. MIAMI, FL 33157 US		
2. Principal Place of Business 1320 N HOMESTEAD BLVD Suite, Apt. #, etc.		3. Mailing Address 1320 N. HOMESTEAD BLVD. Suite, Apt. #, etc.			
City & State HOMESTEAD, FL		City & State HOMESTEAD, FL,		4. FEI Number 65-0490928	
Zip 33030		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEVERA, JOSE M 12541 SW 204 ST MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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 PTD CERVERA, JOSE M 17801 SOUTH DIXIE HWY MIAMI, FL 33157				TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD JOSE M. CERVERA 12540 SW 203 ST MIAMI, FL, 33177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 01-16-06 305-313-3571 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					