

## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 27, 2004 8:00 am Secretary of State DOCUMENT # P94000052322 04-27-2004 90051 040 \*\*\*150.00 GERMAIN AUTO SALES & REPAIRS, INC. Principal Place of Business Mailing Address 24056261 1023 NE 5TH AVENUE P.O. BOX 9142 FORT LAUDERDALE, FL 33304 CORAL SPRINGS, FL 33075 2. Principal Place of Business 3. Mailing Address 3384 Mercantile Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 04012004 CR2E034 (10/03) Chg-P anit City & State City & State 4. FEI Number Applied For Horida 65-0569884 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ collier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fritzner Germain FIQARO, GERMAIN S Street Address (P.O. Box Number is Not Acceptable) 1023 NW 5TH AVE FT LAUDERDALE, FL 33304 3384 Mercantile Avenue, unit 9. 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. Fritzner Germain lame of registered agent and title if applicable. (f (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition FRITZNER GERMAIN NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 9142 CORAL SPRINGS, FL 33075 CITY-ST-ZIP CITY-ST-ZIP TITLE DVS ☐ Delete THE ☐ Change Addition GERMAIN, YOLANDE F NAME NAME PO BOX 9142 STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33075 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DT ☐ Change ☐ Addition GERMAIN, SHYLOVE F. NAME MARKE STREET ADDRESS PO BOX 9142 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33075 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addilion

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 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.

TITLE

NAMÉ

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

**FILED**