## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000066598

Name:

Address:

City-St-Zip:

Entity Name: LIZARDO'S AUTO SALES INC

FILED Apr 29, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 540 N HWY 434 2385 W. HWY 441 APOPKA, FL 32712 US #177 ALTATMONTE SPRINGS, FL 32714 US **New Mailing Address: Current Mailing Address:** 114 BAYBERRY ROAD ALTAMONTE SPRINGS, FL 32714 US FEI Number: 59-3263917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIZARDO, JUAN Z 114 BAYBERRY RD ALTAMONTE SPRINGS, FL 32714 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LIZARDO, JUAN Z Name: Name: 114 BAYBERRY RD Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LIZARDO. EUNICE R Name: 114 BAYBERRY RD Address: Address: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition LIZARDO, JUNNILENNY R Name: Name: 114 BAYBERRY RD Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

PADILLA, MIRIAM C

12420 S.W. 40 ST.

MIAMI, FL 33175

SIGNATURE: JUAN LIZARDO P 04/29/2004