

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90066 039 ***163.75

DOCUMENT # P95000009150
 1. Entity Name
EBEN ETZER AUTO SALES INC.



Principal Place of Business Mailing Address
EBEN-ETZER AUTO SALES, INC. **EBEN-ETZER AUTO SALES, INC.**
 7100 N.E. 2ND AVE 7100 N.E. 2ND AVE
 MIAMI FL 33138 MIAMI FL 33138

04029812



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
Eben-ETZER Auto Sales, INC. *7100 NE 2 AVE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL *Miami FL*

4. FEI Number Applied For
65-0596978 Not Applicable

Zip Country Zip Country
33138 *Dade* *33138* *Dade*

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

6. Name and Address of Current Registered Agent
ALZENORD, GINETTE S
420 N.E. 147 TERRACE
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
 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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	PM ALZENORD, GINETTE S 420 N.E. 147 TERRACE NORTH MIAMI FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALZENORD, DIEUVER 420 NE 147 TERRACE NORTH MIAMI FL 33161	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYLVAIN, JULSON 1101 N.E. 80TH ST. APT. 108 MIAMI FL 33137	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Ginette Alzenord* **President Ginette Alzenord** Date: *04/06/04* Daytime Phone #: *305) 754-5400*