

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90642 025 ***150.00

DOCUMENT # P95000029619	
1. Entity Name DAVIE AUTO BROKERS, INC.	

Principal Place of Business 5691 ORANGE DR DAVIE FL 33314 US	Mailing Address 5691 ORANGE DR DAVIE FL 33314 US
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14002026



MOORE CR2E034 (11/03)

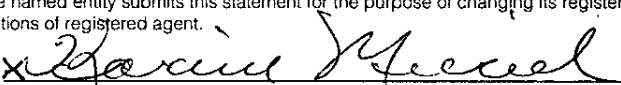
2. Principal Place of Business		3. Mailing Address 9316-B-BOCA GARDENS PKWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON FL.	
Zip	Country	Zip 33496	Country USA

4. FEI Number 65-0576920	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAGAZZU, DIANA A 2791 EAST MARINA DRIVE FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent	
Name KARIM MURIEL	
Street Address (P.O. Box Number is Not Acceptable) 9316 B BOCA GARDENS PKWY	
City BOCA RATON	Zip Code FL 33496

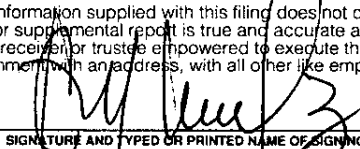
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 3-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS	
TITLE D	☐ Delete
NAME MAGAZZU, JOHN E	
STREET ADDRESS 2791 E. MARINA DRIVE	
CITY-ST-ZIP FT. LAUDERDALE FL 33312	
TITLE D	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	☐ Change ☒ Addition
NAME FREDY. MURIEL	
STREET ADDRESS 9316 B BOCA GARDENS PKWY	
CITY-ST-ZIP BOCA RATON FL 33496	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE 3-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 754-587-1993 803 7598