


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
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DOCUMENT # P95000040172
1. Entity Name
Auto Consulting Group, Inc



FILED

11 MAY 17 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
11050 NW 28th St
Suite, Apt. #, etc.

3. Mailing Address
11050 NW 28th St
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
CORAL SPRINGS

City & State
CORAL SPRINGS

4. FEI Number
650584438

Applied For
 Not Applicable

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

Zip
33065 Country
BROWARD

Zip
33065 Country
BROWARD

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GUY R. PEREZ-CISNEROS

Street Address (P.O. Box Number is Not Acceptable)
11050 NW 28th St

CORAL SPRING

City
FL Zip Code
33065

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

E-mail Address:
gpccars@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PSTD Guy Perez-Cisneros, F 11050 NW 28th St CORAL SPRINGS, FL 33065</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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05/06/11 --01007--007 **150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ DATE: 5/17/11 Daytime Phone #: 784 3443595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/11