

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90047 049 ***150.00

DOCUMENT # P96000025815

1. Entity Name

JORDI AUTO SALES CORP.



Principal Place of Business

13071 NW 43RD AVE
OPA LOCKA FL 33054

Mailing Address

4371 SW 5TH TERR
MIAMI FL 33134

2. Principal Place of Business

SAME

3. Mailing Address

P.O. Box 161177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach FL

Zip

Country

Zip

33016

Country

4. FEI Number

65-0658917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDI, CARLOS
4371 SW 5TH TERR
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name CHAVOS, CHARLIE M

Street Address (P.O. Box Number is Not Acceptable)

7135 Collins Ave. #1512

City Miami Beach

FL

Zip Code 33141

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/04

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JORDI, CARLOS M	
STREET ADDRESS	1430 SW 164 AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHARLIE M CHAVOS	
STREET ADDRESS	7135 COLLINS AVE #1512	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V-P	<input type="checkbox"/> Delete
NAME	LUIS E REPOTE	
STREET ADDRESS	2725 W 66th Apt 12	
CITY-ST-ZIP	33016 Hialeah FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04

786-357-4410