

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90103 033 ***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
**P.O. BOX 161177
HIALEAH, FL 33016**

2. Principal Place of Business
4114 NW 4th TERR

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State

4. FEI Number
65-0658917

Applied For
Not Applicable

Zip
33126

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAVES, CHARLIE M
7135 COLLINS AVE.
#1512
MIAMI BEACH, FL 33141**

Name
CHAVIS, CHARLIE M

Street Address (P.O. Box Number is Not Acceptable)
11220 NW 61 AVE

City
HIALEAH

FL

Zip Code
33012

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHAVES, CHARLIE M
7125 COLLINS AVE #1512
MIAMI BEACH, FL 33141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
CAPOTE, LUIS E
2725 W 66 ST APT 12
HIALEAH, FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CHAVIS, CHARLIE M
11220 NW 61 AVE
HIALEAH FL 33012** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #