

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90006 014 ***150.00

DOCUMENT # P97000010559

1. Entity Name
SAWGRASS AUTO, INC.



Principal Place of Business
**MEINEKE
12585 WEST SUNRISE BLVD
SUNRISE, FL 33323**

Mailing Address
**9030 W. COMMERCIAL BLVD
LAUDERHILL, FL 33319**

54066537



2. Principal Place of Business

12585 W. Sunrise Blvd.

3. Mailing Address

12585 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232004

Chg-P

CR2E034 (10/03)

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0726340

Applied For

Not Applicable

Zip

33323

Country

BROWARD

Zip

33323

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BISSONNETTE, ROBERT P ✓
2550 NE 15 AVENUE ✓
SUITE 310
FORT LAUDERDALE, FL 33305 ✓**

7. Name and Address of New Registered Agent

Name
Robert Bissonnette
Street Address (P.O. Box Number is Not Acceptable)
2550 NE 15th Ave
City
Ft. Lauderdale FL Zip Code
33305

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

J. Bonfiglio, Inc.

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

(NOTE: Registered Agent signature required when reinstating)

7-26-04
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BONFIGLIO, CHARLES J
2629 WESTON ROAD
WESTON, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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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 ☐ Change ☐ Addition

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

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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:

J. Bonfiglio, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-04
Date

954-385-8696
Daytime Phone #