


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000101888

1. Entity Name
 IDEAL AUTO SALES, INC.



Principal Place of Business Mailing Address

66 N.W. 27TH AVE 66 N.W. 27TH AVE
 MIAMI, FL 33125 US MIAMI, FL 33125 US

DO NOT WRITE IN THIS SPACE



08032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0813039 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE SR
 66 N.W. 27TH AVE
 MIAMI, FL 33125

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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 reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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	PVST
NAME	RUBIO, RAFAEL
STREET ADDRESS	66 N.W. 27TH AVE
CITY - ST - ZIP	MIAMI, FL 33125
TITLE	D
NAME	RUBIO, RAFAEL
STREET ADDRESS	66 N.W. 27TH AVE
CITY - ST - ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 08/05/05-80007-022 150.00

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: 8/3/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR