

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90122 024 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000021637			
1. Entity Name S. & W. AUTO GROUP CORPORATION			
Principal Place of Business 5780 SW 68 STREET MIAMI, FL 33143		Mailing Address 5780 SW 68 STREET MIAMI, FL 33143	
2. Principal Place of Business		3. Mailing Address	
Succ. Apt. #, etc.		Succ. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Fed Number 65-0845887	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, RINKAN A 5780 SW 68 STREET MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number or P.O. Box Address) City FL Zip Code	
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 date if applicable) (NOTE: Registered Agent signature is required when it is changed)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WATSON, RINKAN A 5780 SW 68 STREET MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(1)(g), 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 filings required.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: _____ Officer's Phone #			