


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000028718																													
1. Entity Name LN AUTO CENTER INC.																													
Principal Place of Business 1740 WEST 32ND PLACE HIALEAH, FL 33012			Mailing Address 1740 WEST 32ND PLACE HIALEAH, FL 33012																										
2. Principal Place of Business			3. Mailing Address																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country	Zip		Country																								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
NORCISA, LESTER 1740 WEST 32ND PLACE HIALEAH, FL 33012				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D NORCISA, LESTER</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1740 WEST 32ND PLACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">HIALEAH, FL 33012</td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">U000000025853</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">02/02/04-80114-019 150.00</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D NORCISA, LESTER	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	1740 WEST 32ND PLACE		CITY-ST-ZIP	HIALEAH, FL 33012		TITLE	U000000025853	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	02/02/04-80114-019 150.00		CITY-ST-ZIP		
TITLE	D NORCISA, LESTER	<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS	1740 WEST 32ND PLACE																												
CITY-ST-ZIP	HIALEAH, FL 33012																												
TITLE	U000000025853	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS	02/02/04-80114-019 150.00																												
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)(f), 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. LESTER Norcisa, Pres.																													
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													