

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # P98000034481**

1. Entity Name  
**DARLING AUTO SALES, CORP.**

**FILED**

**04 OCT -7 AM 10:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1075 EAST 29 STREET  
HIALEAH, FL 33013**

Mailing Address  
**505 EAST 60 STREET  
HIALEAH, FL 33013**

*Handwritten initials*



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

08132004 Chg-P CR2E034 (10/03)

City & State  
4. FEI Number **65-0828149**  
Applied For  
Not Applicable

Zip Country 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        |
|---|--|
| <b>BORREGO, NELCYS<br/>505 EAST 60 STREET<br/>HIALEAH, FL 33013</b> | Name   |
|   | Street Address (P.O. Box Number is Not Acceptable) |
|   | City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 |                    |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                      |                                 |                                   |
|----------------------------|--------------------|---------------------------------|--|---|--------------------------------------|---------------------------------|-----------------------------------|
| TITLE                      | PSD                | <input type="checkbox"/> Delete |  | TITLE   |                                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BORREGO, PABLO E   |                                 |  | NAME  |                                      |                                 |                                   |
| STREET ADDRESS             | 505 EAST 60 STREET |                                 |  | STREET ADDRESS  |                                      |                                 |                                   |
| CITY-ST-ZIP                | HIALEAH, FL 33013  |                                 |  | CITY-ST-ZIP   | <b>500041631715</b>                  |                                 |                                   |
|                            |                    |                                 |  |   | <b>10/06/04--01012--013 **150.00</b> |                                 |                                   |
| TITLE                      | VTD                | <input type="checkbox"/> Delete |  | TITLE   |                                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | BORREGO, NLCYS     |                                 |  | NAME  |                                      |                                 |                                   |
| STREET ADDRESS             | 505 EAST 60 STREET |                                 |  | STREET ADDRESS  |                                      |                                 |                                   |
| CITY-ST-ZIP                | HIALEAH, FL 33013  |                                 |  | CITY-ST-ZIP   |                                      |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |                                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |                                      |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |                                      |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |                                      |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |                                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |                                      |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |                                      |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 |  | CITY-ST-ZIP   |                                      |                                 |                                   |
| TITLE                      |                    | <input type="checkbox"/> Delete |  | TITLE   |                                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                    |                                 |  | NAME  |                                      |                                 |                                   |
| STREET ADDRESS             |                    |                                 |  | STREET ADDRESS  |                                      |                                 |                                   |
| CITY-ST-ZIP                |                    |                                 |  | 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)(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: *Pablo Borrego* Date **08/31/04** (305) 687-6323  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #