## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 18, 2005 8:00 am **Secretary of State** DOCUMENT # P98000044655 1. Entity Name 02-18-2005 90062 046 \*\*\*150.00 ANTON CAR SALES, INC. Principal Place of Business Mailing Address 18181 N.E. 31ST CT., APT #608 AVENTURA FL 33160 1871 SW 31ST AVE PEMBROKE PINES FL 33009 2. Principal Place of Business 3. Mailing Address 1871 SW 31ST Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For -Sity & State tembroke City & State 4. FEI Number 65-0838285 Not Applicable Country Country 7ip \$8.75 Additional 5. Certificate of Status Desired <del>3</del>3009 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ HOTONIO PEREZ, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2401 S.W. 31ST AVE BAY C12 PEMBROKE PARK 1871 SW 3157 Ave HALLANDALE FL 33009 Zip Code 33009 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change PEREZ, ANTONIO NAME PEREZ, ANTONIO NAME 1871 SW 31ST AVE STREET ADDRESS STREET ADDRESS 2401 S.W. 31ST AVE PEMBROKE PARK Pembroke PORK- FL 33009 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE Addition ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 effect in the receiver of the corporation of the receiver or trustee empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED