


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90304 043 ***158.75

| | |
|---|---|
| DOCUMENT # P98000066194 1. Entity Name KARL MART AUTO CENTER, INC. |  |
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| Principal Place of Business 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030 | Mailing Address 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030 |
|--|--|

94055708

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-2852999 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent RAMON, CARLOS 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMON, CARLOS 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAMON, MARTHA E 13982 SW 160 TRAIL MIAMI, FL 33189 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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:  **April 15-04** **305 242 0090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #