

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000103227

1. Entity Name
GLOBAL AUTO SALES, INC.



Principal Place of Business

501 SOUTH STATE ROAD 7
PLANTATION, FL 33324

Mailing Address

501 SOUTH STATE ROAD 7
PLANTATION, FL 33324



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0884888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, MEL
501 SOUTH STATE ROAD 7
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME STREINER, IRA
STREET ADDRESS 4300 NO. OCEAN BLVD., APT 3B
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE VT
NAME DUBIN, MEL
STREET ADDRESS 501 SOUTH STATE ROAD 7
CITY-ST-ZIP PLANTATION, FL 33324

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CITY-ST-ZIP

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IN THIS SPACE**

000000372500
07/13/05-80006-007 \$50.00

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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA Streiner

Date

7-5-05 954-76763

Daytime Phone #