

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90053 028 \*\*\*150.00

DOCUMENT # P99000000891

1. Entity Name  
GOVERNMENT CARS DISTRIBUTION CENTER, INC.



Principal Place of Business  
11337 NW 7TH AVE  
MIAMI, FL 33168

Mailing Address  
PO BOX 681768  
MIAMI, FL 33168

44004173

2. Principal Place of Business

8020 NW 7th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004

Chg-P

CR2E034 (10/03)

City & State

Miami FL

City & State

4. FEI Number

65-0887849

Applied For

Not Applicable

Zip

33150

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGAMAN, UZI  
11337 NW 7TH AVE  
MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name

Uzi Argaman

Street Address (P.O. Box Number is Not Acceptable)

8020 NW 7th Ave

City

Miami

FL

Zip Code

33150

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]*

ALEX ZAGRETSKY

1-23-04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARGAMAN, UZI  
1650 S. DIXIE HIGHWAY 4TH FLOOR  
BOCA RATON, FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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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:

*[Signature]* ALEX ZAGRETSKY

1-23-04 (305) 751-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #