

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 030 ***150.00

DOCUMENT # P99000006936

1. Entity Name
SPARK AUTO ELECTRIC INC.



Principal Place of Business
3750 W 16TH AVE. BAY 300R
HIALEAH, FL 33012

Mailing Address
3750 W 16TH AVE. BAY 300R
HIALEAH, FL 33012

50021316



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0901445

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

RODRIGUEZ, JOSE M
630 E 60TH STREET
HIALEAH, FL 33013

Name Rodriguez, Jose M

Street Address (P.O. Box Number is Not Acceptable)
1694 SW 154 Path

City Miami

FL

Zip Code 33185

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

J. Rodriguez

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME RODRIGUEZ, JOSE M
STREET ADDRESS 630 E 60 STREET
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE PD
NAME Rodriguez, Jose M
STREET ADDRESS 1694 SW 154 Path
CITY-ST-ZIP Miami, FL 33185 ☒ Change ☐ Addition

TITLE VPD
NAME RODRIGUEZ, IVONEE
STREET ADDRESS 630 E 60 STREET
CITY-ST-ZIP HIALEAH, FL 33012 ☐ Delete

TITLE VPD
NAME Rodriguez, Ivonne
STREET ADDRESS 1694 SW 154 Path
CITY-ST-ZIP Miami, FL 33185 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 titles empowered.

SIGNATURE:

J. Rodriguez

2/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #