

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000016923	
1. Entity Name LEGEND AUTO SALES INC.	

Principal Place of Business 5610 E. 8TH AVE. HIALEAH, FL 33013	Mailing Address 5610 E. 8TH AVE. HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

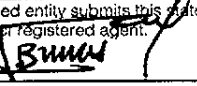
4. FEI Number 65-0897932	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONILLA, RAMONA A
1579 WEST 60TH ST.
HIALEAH, FL 33012

**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, the registered agent.

SIGNATURE  Ramon Bonilla 1/20/05
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary) 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

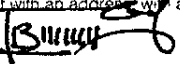
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BONILLA, RAMONA A 1579 W. 60TH ST. HIALEAH, FL 33012
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05/03/05-80137-010 150.00

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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:  Ramon Bonilla, Pres. 1/20/05 305-687-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #