

FROM : ALL ACCOUNTING SERVICES INC

FAX NO. : 305 232-7131

Apr. 23 2004 01:00PM P 2/3

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 26, 2004 08:00 AM
Secretary of State**DOCUMENT # P99000028941**

1. Entity Name

TAMIAMI AUTO SALES, INC.



Principal Place of Business

8905 NW 7 AVE
MIAMI, FL 33150

Mailing Address

8905 NW 7 AVE
MIAMI, FL 33150**DO NOT WRITE IN THIS SPACE**

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0908035Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DURAN, OCTAVIO
8331 SW 154 PL
MIAMI, FL 33185**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's signature required when renewing)

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-STATE-ZIPPTD
DURAN, LUIS E
8905 NW 7 AVE
MIAMI, FL 33150TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPVSD
DURAN, OCTAVIO
8331 SW 154 PL
MIAMI, FL 33185TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP**DO NOT WRITE
IN THIS SPACE**000000131831
04/27/04-80022-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 an email, or as amended.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

During Phone #

1 04-22/04 1 (305) 796-8469