

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000037139

1. Entity Name

2000 AUTO SALES, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90315 038 ***150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
7220 N MIAMI AVE MIAMI FL 33150		7220 N MIAMI AVE MIAMI FL 33150	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		4727 Gladiator Circle	
City & State		City & State	
Greenacres, Florida		4. FEI Number	
Zip	Country	Zip	Country
		33463	USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			
<p>CESPEDES, WILLIAM 4727 GLADIATOR CIRCLE GREENACRES FL 33463</p>			
7. Name and Address of New Registered Agent			
<p>Name CESPEDES, WILLIAMS A. Street Address (P.O. Box Number is Not Acceptable)</p>			
<p>4727 GLADIATOR CIRCLE City GREENACRES, FL Zip Code 33463</p>			

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 Williams A. Cespedes

President

4/19/06

DATE

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CESPEDES, WILLIAM 4727 GLADIATOR CIRCLE GREENACRES FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Williams A. Cespedes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/19/06

Date

Daytime Phone #