ANNUAL REPORT **DOCUMENT # P99000052606**



FILED May 03, 2004 8:00 am Secretary of State

A 2 ZACH'S AUTO SALES INC.					05-03-2004 90693 040 ***150.00				
Principal Place of Business Mailing Address 3500 N STATE ROAD 7, 200A 12100 NW 26TH STREE LAUDERDALE LAKES, FL 33319 PLANTATION, FL 33323							il suisi sens il	ārs Sirii ssītā či	M481 is 1281
2. Principal P	flace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 65-0925235				pplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	legistered.	Agent	
COLDDE	AC CHEDIEN	ret:	. :=	Name				•	
GOLDBERG, SHEPLEY 1750 NW 107TH TERR. PLANTATION, FL 33322				Street Address (P.O. Box Number is Not Acceptable)					
1 27.11		·· .	r: - t		tij en	\$,		S. C. C.
	TANGER SECTION			City			FL	Zip Code	e · · ·
						1 1-11-01			
■ the above	named entity submits this statement tions of registered agent.	or the purpose of changing it	s register	red office or regis	tered agent, or bot	n, in the State of Fi	onicia. Iam	ramıllar with,	and accept
			' مد						
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Register	ed Agent signature requi	ired when reinstating)		DATE		
ř. , , , ,									
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campa .00 Trust Fund Cor			5.00 May Be dded to Fees				
10.	OFFICERS ANI	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE VAME	GOLDBERG, SHEPLEY	☐ Delete	TTT! NAM			-		☐ Change	Addition
STREET ADDRESS CITY- ST-ZIP	12100 NW 26TH STREET PLANTATION, FL 33323			Y-ST-ZIP					
TITLE NAME	. %	☐ Delete	TITI NAM	• .				☐ Change	Addition
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STREET ADDRESS	}			EET ADDRESS					
CITY-ST-ZIP	<u> </u>		cm	y-ST-ZIP				<u>, </u>	ε
12. I hereby indicated	certify that the information supplied wi	th this filing does not qualify for its true and accurate and that	or the exe	emption stated in lature shall have the	Section 119.07(3)(i), Florida Statutes. t as if made under	I further ce	rtify that the in	nformation or director

permanding the disease and that my signature shall have the same regal effect as it made under dain; that I am an officer or director, er 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 .

With an address, with all other like empowered.