

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000053335

1. Entity Name

A & A AUTO SALES OF MIAMI, INC.



Principal Place of Business

705 NW 18 PLACE
MIAMI, FL 33125

Mailing Address

705 NW 18 PLACE
MIAMI, FL 33125

FILED
Feb 09, 2004 08:00 AM
Secretary of State



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0927203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATTLE, ADOLFO
1803 N.W. 1ST STREET
MIAMI, FL 33125

**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 signature required when reinstating)

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 PD
NAME BATTLE, ADOLFO
STREET ADDRESS 1803 NW 1ST ST.
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD
NAME BATTLE, MARIBEL
STREET ADDRESS 1803 NW 1ST ST.
CITY-ST-ZIP MIAMI, FL 33125

TITLE VSD
NAME BATTLE, MARIBEL
STREET ADDRESS 1803 NW 1ST ST
CITY-ST-ZIP MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000042878
02/10/04-80042-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Adolfo Battle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-04 (305) 6318981