

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90056 017 ***158.75

DOCUMENT # P99000067110

1. Entity Name

G-FORCE AUTO, INC.



Principal Place of Business

726 NW 57TH ST
FORT LAUDERDALE FL 33309

Mailing Address

726 NW 57TH ST
FORT LAUDERDALE FL 33309

2. Principal Place of Business

726 NW 57TH ST.
Suite, Apt. #, etc.
FT. Lauderdale, FL
City & State

3. Mailing Address

726 NW 57TH ST.
Suite, Apt. #, etc.
Fort Lauderdale FL
City & State

Zip
33311

Country
USA

Zip
33311

Country
USA

6. Name and Address of Current Registered Agent

MONTEIRO, JOAO
726 NW 57TH CT
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS MONTEIRO, JOAO
CITY-ST-ZIP 1000 N.W. 51 COURT
FT. LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 27 04

Date 954 491-7388 Daytime Phone #

94009734



MOORE

CR2E034 (11/03)

4. FEI Number 65-1092812

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required