

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 JUN -2 PM 2: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073985

1. Entity Name

CAR & DRIVER AUTO BOUTIQUE, INC.



Principal Place of Business

176 A GLADES RD  
BOCA RATON, FL 33432

Mailing Address

176 A GLADES RD  
BOCA RATON, FL 33432



05282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0952286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAHAL, JOSEPH  
4401 NW 92ND AVENUE  
SUNRISE, FL 33351

**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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAHAL, JOSEPH  
STREET ADDRESS 4401 NW 92ND AVENUE  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE T  
NAME DIMIATI, DANA  
STREET ADDRESS 291 N PINE ISLAND RD #105  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE D  
NAME RAHAL, SAMIRA  
STREET ADDRESS 4401 NW 92 AVE  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

06000408060121 \$510.00

**DO NOT WRITE  
IN THIS SPACE**

bm  
6/2

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

5-28-04

Date

561 361 4040

Daytime Phone #