


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000076972
 1. Entity Name
 SOUTH RIVER USED AUTO SALES, INC.



Principal Place of Business
 9690 NW S. RIVER DRIVE
 MEDLEY, FL 33166

Mailing Address
 9690 NW S. RIVER DRIVE
 MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0944571

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, ALBERTO
 9696 NW S. RIVER DRIVE
 MEDLEY, FL 33166

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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 _____ DATE _____
(Signature of typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when necessary)

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

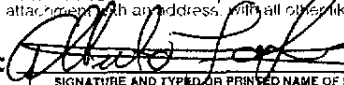
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LOPEZ, ALBERTO
STREET ADDRESS	6021 SW 84TH AVE.
CITY, ST, ZIP	MIAMI, FL 33143
TITLE	DS
NAME	VARGAS, JOSE MANUEL
STREET ADDRESS	731 E. 38 STREET
CITY, ST, ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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 exemption stated in Section 119.07(3)(b), 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

4-27-04 305 882-1033

Alberto LOPEZ