

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000088489

1. Entity Name

QUALITY AUTO WHOLESALE, INC.



Principal Place of Business

5090 SOUTH STATE RD. 7  
HOLLYWOOD, FL 33314

Mailing Address

5090 SOUTH STATE RD. 7  
HOLLYWOOD, FL 33314



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0950228

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCLAFANI, DEBBIE  
5090 SOUTH STATE RD. 7  
FORT LAUDERDALE, FL 33314

**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**

00000000000000000000  
14/12/2004-50.00-50.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCLAFANI, LEONARD  
STREET ADDRESS 5090 SOUTH STATE RD. 7  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE TSDV  
NAME SCLAFANI, DEBBIE  
STREET ADDRESS 5090 SOUTH STATE RD. 7  
CITY-ST-ZIP FORT LAUDERDALE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 title empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 954/791-9111  
Daytime Phone #