

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90014 030 ***158.75

DOCUMENT # S25815

1. Entity Name

PEERLESS AUTO SALES, INC.



Principal Place of Business

590 S. DIXIE HWY EAST
POMPANO BEACH FL 33060

Mailing Address

590 S. DIXIE HWY EAST
POMPANO BEACH FL 33060

40000307



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0239677

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTELLA, ORLANDO
360 SE 3RD CT.
POMPANO BEACH FL 33060

Name

Street Address (P.O. Box Number is Not Acceptable)

2064 SW 15 COURT

Deerfield Bch Fl

City

FL

Zip Code

33442

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, 2005 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 PD ☐ Delete
NAME ROTELLA, ORLANDO A.
STREET ADDRESS 360 SE 3RD COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VS ☐ Delete
NAME ROTELLA, MARCIA
STREET ADDRESS 360 SE 3RD COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2064 SW 15 COURT
CITY-ST-ZIP Deerfield Bch Fl 33442

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2064 SW 15 COURT
CITY-ST-ZIP Deerfield Bch. Fl 33442

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CITY-ST-ZIP

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

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

1-20-05 941-744-7666

Date

Daytime Phone #