


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S73522**

1. Entity Name  
**DAVID'S VOLVO SPECIALIST CORP.**



Principal Place of Business      Mailing Address

**7259 SW 42 ST**                      **7259 SW 42 ST**  
**MIAMI, FL 33155**                      **MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**



01072004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0276363**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, DAVID**  
**13440 SW 25TH ST**  
**MIAMI, FL 33175**

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, DAVID
STREET ADDRESS	13440 SW 25TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	V
NAME	MARTINEZ, LILIANA
STREET ADDRESS	13440 SW 25TH ST
CITY - ST - ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

RECEIVED  
 DAVID'S VOLVO SPECIALIST CORP - \$150.00

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:       x 4/23/04      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR