2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V00025

1. Entity Name

IIILE

STREET ADDRESS

CITY ST ZIP



FILED Feb 05, 2007 08:00 AM Secretary of State

☐ Change

Addition

SHOWCASE AUTOS, INC.				
H '	o of Business SHINGTON BLVD. FL 34234	Mailing Address 4027 N, WASHINGTO SARASOTA FL 34234		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1 1953 500 11 500 500 11 500 500 11 500 500 11 500 500
Suite, Apt.	#, etc	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)
City & State		City & State		4. FEI Number 65-0305649 Applied For Not Applied by
Zip	Country	Zip	Country	5. Cortificate of Status Desired
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
RODRIGUEZ, JOSEPH V.			Name	
4027 N. WASHINGTON BLVD. SARASOTA FL 34234			Street Add	dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .				e reduired when ministeling
	Signature, typed or printed hame of registered agent	and allor applicable. [NOT	E. Registered Ağsut signature	e reduced which constanting) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	ÖFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10.	D OFFICERS MIND		DIE	Comment of the state of the sta
NAMI	RODRIGUEZ, JOSEPH V	☐ Dolete	NAME	1) 1 1 1 1 1 1 1 1
STREET ADDRESS	4027 N. WASHINGTON BLVD.		SHIELL LADDINGSS	02/09/07-80058-018 150.00
CITY SI ZIF	SARASOTA FL 34234		CHY SI ZIP	
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NAME	RODRIGUEZ, CAROL A		NAME	
. STREET ADDRESS	4027 N. WASHINGTON BLVD.		SIRH I ADDRESS	
CHY-SI-7IP	SARASOTA FL 34234	<u></u>	CITY_ST-7IP	
mu		Delete	HITLE	☐ Change ☐ Addillo
NAME			NAME	
SINGEL ADORESS			SIBH I ADDRESS CITY SI-78P	
CITY SI-7IP				☐ Change ☐ Additio
NAMI		☐ Defele	TETLE NAME	
SHIEL ADDRESS	***************************************		SIERLI AUDEESS	
CITY SI 7IP			CRY SI-ZIP	
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NAME	§		NAME	
STREET ADDRESS			SIREET ADDRESS	
CITY ST 78P			CHY ST ZIP	

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CITY -SI -74P

IIILE

NAME STREET ADORESS

Delete