

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28153

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: ILLUSION AUTO SALES, CORP.

**Current Principal Place of Business:**

4111 NW 132 ST  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

4111 NW 132 ST  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0323486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, JUAN  
2323 NW 36 ST.  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERNANDEZ, JUAN  
Address: 1715 W 79 STREET  
City-St-Zip: HIALEAH, FL 33014

Title: TDSD ( ) Delete  
Name: FERNANDEZ, LOURDES  
Address: 1715 W 79 STREET  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TDSD (X) Change ( ) Addition  
Name: FERNANDEZ, JUAN  
Address: 1715 W 79 STREET  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN FERNANDEZ

P

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date