

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000117152

**Entity Name:** VERA-WILLIAMSON AUTOMOTIVE, INC.

**FILED  
Mar 21, 2014  
Secretary of State  
CC9893006147**

**Current Principal Place of Business:**

300 S. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

300 S. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33025

**FEI Number: 20-1534483**

**Certificate of Status Desired: No**

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

VERA, LOUIS  
300 S. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33025 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            VERA, LOUIS  
Address        300 S. UNIVERSITY DRIVE  
City-State-Zip: PEMBROKE PINES FL 33025

Title            VP, DIRECTOR  
Name            WILLIAMSON, GEORGE EII  
Address        7815 SW 104TH STREET  
City-State-Zip: MIAMI FL 33156

Title            VP, DIRECTOR  
Name            WILLIAMSON, GEORGE EIII  
Address        7815 SW 104TH STREET  
City-State-Zip: MIAMI FL 33156

Title            VP, DIRECTOR  
Name            CRANER, JAMES L  
Address        300 S. UNIVERSITY DRIVE  
City-State-Zip: PEMBROKE PINES FL 33025

Title            S/T  
Name            CRESPO, ALEJANDRO A  
Address        300 S. UNIVERSITY DRIVE  
City-State-Zip: PEMBROKE PINES FL 33025

*I hereby 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 all other like empowered.*

**SIGNATURE: LOUIS VERA**

**PRESIDENT**

**03/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date