2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Feb 02, 2004 08:00 AM DOCUMENT # G15073 Secretary of State 1. Entity Name AUTO AMERICA MOTORS, INC. Principal Place of Business Mailing Address % ROBERTO AGUADO 13065 CAIRO LANE % ROBERTO AGUADO 13065 CAIRO LANE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2291680 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ree Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGUADO, Name AGUAD, ROBERTO 13065 CAIRO LANE Street Address (P.O. Box Number is Not Acceptable) OPA LOCKA FL 33054 City Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition AGUADO, ROBERTO U00000026232 NAME MAME 02/02/04-80137-007 150.00 7920 NW 173 ST STREET ADDRESS STREET ADDRESS HIALEAH FL CITY - ST - ZIP CITY+ST-ZIP TITLE Delete TATLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR