2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15073 1. Entity Name



FILED Mar 03, 2008 08:00 A Secretary of State

Daytime Phone #

Principal Place of Business

13065 CAIRO LANE

STREET ADDRESS CITY-ST-ZIP

OPA LOCKA, FL 33054

AUTÓ AMERICA MOTORS, INC.

Mailing Address

13065 CAIRO LANE

OPA LOCKA, FL 33054



				02152008	No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPAC			CE	4. FEI Number 59-2291680			Applied For Not Applicable
				5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current Regis	tered Agent		· · · · · · · · · · · · · · · · · · ·			
AGUADO, ANAHI 13065 CAIRO LANE OPA LOCKA, FL 33054			DO NOT WRITE IN THIS SPACE				
	enamed entity submits this statement for the plions of registered agent.				th, in the State of Flo		familiar with, and accept
	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	d Agent signature re	equired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS]				
TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE	P AGUADO, ANAMI 13065 CAIRO LANE OPA LOCKA, FL 33054		<u>}</u>				i
NAME STREET ADDRESS CITY-ST-ZIP					00000 03/18/08	084656 -80034	30 9-002 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			; !	DO	NOT W	RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SF	'ACE	
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							•

12. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR