2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90038 001 ***150.00
09-09-2005 90038 002 *****8.75

DOCUMENT # P04000148401

1. Entity Name
RIZO'S AUTO ELECTRIC INC

Principal Place of Business	Mailing Address
8725 NW 117 ST BAY 10 HIALEAH GARDENS, FL 33018	8725 NW 117 ST BAY 10 HIALEAH GARDENS, FL 33018

08082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8725 NW 117 ST		17240 NW 73 PL	
Suite, Apt. #, etc. BAY 10		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS FL		City & State MIAMI FL.	
Zip 33018	Country	Zip 33015	Country

4. FEI Number 364562997 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIZO, LUIS
18391 NW 75 PASS
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

Name: Rizo Luis
Street Address (P.O. Box Number is Not Acceptable): 17240 NW 73 PL
City: Miami FL Zip Code 33015

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 ______________________ DATE
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GONZALEZ, AMANDA	
STREET ADDRESS	18391 NW 75 PASS	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE	VD	☐ Delete
NAME	RIZO, LUIS	
STREET ADDRESS	18391 NW 75 PASS	
CITY-ST-ZIP	HIALEAH, FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: VD [signature] 9/7/05 305 439-4940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #