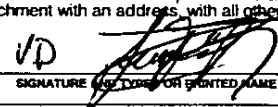


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 8725 NW 117 ST BAY 10 HIALEAH GARDENS, FL 33018			Mailing Address 8725 NW 117 ST BAY 10 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business 8725 NW 117 ST Suite, Apt. #, etc. BAY 10 City & State HIALEAH GARDENS FL Zip 33018		3. Mailing Address 17240 NW 73 PL Suite, Apt. #, etc. City & State MIAMI FL Zip 33015			
4. FEI Number 364562997		08082005 Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable			
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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, AMANDA 18391 NW 75 PASS HIALEAH, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZO, LUIS 18391 NW 75 PASS HIALEAH, FL 33015	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 		Date 9/7/05		Daytime Phone # 305 439-4940	