


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002995		
1. Entity Name AUTOBAHN OF FL INC.		

FILED

07 SEP 18 AM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5236 RICKER RD #1A JACKSONVILLE, FL 32210	Mailing Address 6710 COLLINS RD #1210 JACKSONVILLE, FL 32244
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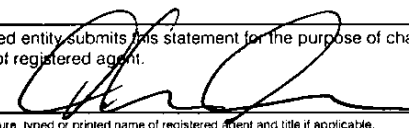
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1725 Oakhurst Ave # 400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Jax, FL	City & State
Zip 32208	Country DUAL



09142007	Chg-P	CR2E034 (12/06)	07
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

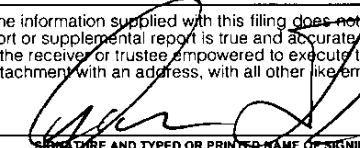
6. Name and Address of Current Registered Agent ABIARA, ABRAHAM I 6710 COLLINS RD #1210 JACKSONVILLE, FL 32244	
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7. Name and Address of New Registered Agent Name: Prosperity Accounting & Bus. Serv Street Address (P.O. Box Number is Not Acceptable) 1725 Oakhurst Ave #400 City: Jax FL Zip Code: 32208	
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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: 9-14-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABIARA, ABRAHAM I 6710 COLLINS RD #1210 JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900109872059 09/25/07--01010--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, ADEKUNLE 6710 COLLINS RD #1210 JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: 	DATE: 9-14-07 (904) 652-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	