


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90263 022 ***150.00

DOCUMENT # P07000073405

1. Entity Name
 1 STOP AUTOS, INC.



Principal Place of Business
 5260 SW 7TH COURT
 MARGATE, FL 33068

Mailing Address
 5260 SW 7TH COURT
 MARGATE, FL 33068

2. Principal Place of Business - No P.O. Box.#
 5500 NW. 15th St.

3. Mailing Address
 5500 NW. 15th St.

Suite, Apt. #, etc.
 M10

City & State
 Margate, Florida

Zip Country
 33063 USA



05022008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

RUIZ, JOSE L JR
 5260 SW 7TH COURT
 MARGATE, FL 33068

4. FEI Number
 26-0409987

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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]* JOSE L. RUIZ JR. 4/24/08
 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 12, 2008

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	P RUIZ, JOSE L JR 5260 SW 7TH COURT MARGATE, FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* JOSE L. RUIZ JR. 4/24/08 954-226-7904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #