## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # P97000083413 04-28-2006 90200 031 \*\*\*150.00 R & J AUTO SALES OF TAMPA BAY, INC. Principal Place of Business Mailing Address OTCACAAA 7430 N FLORIDA AVE 7430 N FLORIDA AVE TAMPA, FL 33604 TAMPA, FL 33604 2. Principal Place of Business 3. Mailing Address 5505 N. Florida Ave 5505 N. Florida Ave Suite, Apt. #, etc. 04272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL Tampa 59-3474698 lampa Not Applicable Country Country V\_S A \$8.75 Additional 5. Certificate of Status Desired 33604 U5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vasquez VAZQUEZ, RONIEL A Street Address (P.O. Box Number is Not Acceptable) 7430 N FLORIDA AVE TAMPA, FL 33604 N. Florida 5505 The above named entity submits this statement for the obligations of registered agent. the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD カフ TITLE ☐ Delete TITLE Z Roniel A VAZQUEZ, RONIEL A NAME Va 59 ve Z 5607 N NAME STREET ADDRESS 7430 N FLORIDA AVE STREET ADDRESS 33604 CJTY-ST-7/P TAMPA, FL 33604 CITY-ST-ZIP THILE ☐ Delete TITLE Change ■ Addition ESPEJO, 5607 N. Jimmy Florida ESPEJO, JIMMY B NAME NAME STREET ADDRESS 7430 N FLORIDA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP TITLE ☐ Delete TITLE Change : ☐ Addition VASQUEZ, ANGELICA NAME NAME Angelion 5607 N. Florida STREET ADDRESS 7430 N FLORIDA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ESPELO, DIHIANA NAME NAME Dihrana STREET ADDRESS 7430 N FLORIDA AVENUE STREET ADDRESS N. Florida CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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 accordate 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.

G OFFICER OR DIRECTOR

FILED Apr 28, 2006 8:00 am

Daytime Phone #