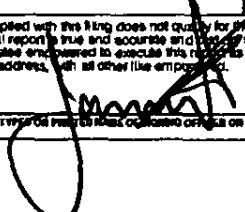


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90261 001 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V73886 1. Entity Name NETWORK AUTO BROKERS INC.			
Principal Place of Business 2370 SW 67TH AVENUE MIAMI, FL 33155 US		Mailing Address 4708 S.W. 24TH AVE. MIAMI, FL 33155	
2. Principal Place of Business 2370 SW 67 AVE		3. Mailing Address SAME	
Suite, Apt. #, etc. NA 1000		Suite, Apt. #, etc. SAME	
City & State MIAMI, FL		City & State SAME	
Zip 33155		Country US	
4. FEI Number 65-0373109		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent ABDALA, JACINTO 2370 SW 67 AVE MIAMI, FL 33155		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, typed or printed name of shareholder, officer, or director with 1 signature.  Typed Name: JACINTO ABDALA Date: 4/1/03			
10. OFFICERS AND DIRECTORS ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P ABDALA, JACINTO 16740 SW 63 CT MIAMI, FL 33167		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 and power to execute this report is 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 entities.			
SIGNATURE:  Typed Name: JACINTO ABDALA Date: 4/1/03		305-216-4434	