2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # M17463 1. Entity Name STONER BROS, AUTOMOTIVE CORP. Principal Place of Business Mailing Address 5835 COMMERCE LANE 5835 COMMERCE LANE S.MIAMI FL 33143 S.MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2563318 Not Applicable Zio Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONER, JONATHAN MARC Street Address (P.O. Box Number is Not Acceptable) 5835 COMMERCE LANE S.MIAMI FL 33143 City Zip Code FI B. 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campalgn Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIIIF Delete BILE ☐ Change Addition U00000016773 NAME STONER, JONATHAN MARC NAME STREET ADDRESS 250 GALEN DR., #34 01/28/04-80067-015 150.00 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-SI-ZIP TITLE ☐ Delete TETLE ☐ Change Addition NAME NAME SZEROGA TEERTZ STREET ADDRESS CATY-ST-ZIP CHTY-ST-21P TITLE Detete TITLE ☐ Change Addition MALAF NAME STREET ADDRESS SZREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CETY-SE-7/P

12. (hereby certify that the information supplied with this illing 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:

SATURE AND TYPED OR PRINTED NAME OF SUCHING DEFICED OR DIDECTOR

1-23-04 (305)665-4382

FILED