2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM **DOCUMENT # 447367** Secretary of State 1. Entity Name LEWIS FOREIGN CAR SERVICE, INC. Principal Place of Business Mailing Address 4455 NE 10TH AVENUE FT. LAUDERDALE FL 33334 4455 NE 10TH AVENUE FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2F034 (10/05) Applied For City & State City & State 4. FEI Number 59-1516817 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZORILLO, MARK A 2140 NE 35TH STREET Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 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. (NOTE: Registered Agent eignature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 \$5.00 May D 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Al-Millin THE DITE | Delete ZORILLO, MARK A NAME NAME U00000450720 03/10/06-80017-009 150.00 STREET AOORESS STREET ADDRESS 2140 NE 35 TH ST. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☐ Addition Delete THLE NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP City-St-28 □ Change ☐ Detete Andria 71112 NAME NAME STRLET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-ZIP ☐ Change ☐ AC:" ☐ Delete DZLE T171 F NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Change □ AU" Defete TREE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ A ☐ Change TITLE ☐ Delete BILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP

12. I hereby certify that the information supplied with this hling does not quality for the exemptions contained in Section 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 directed of the corporation or the receiver or try fee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FILED