2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 676897 1. Entity Name ERNEST MESTRE AUTOS, INC. Principal Place of Business 12950 N FLORIDA AVE TAMPA, FL 33612 DO NOT WRITE IN THIS SPACE

FILED Apr 02, 2007 08:00 AM Secretary of State

CR2E034 (11/05)



No Chg-P

01042007

| DO NOT WITH IN THIS STA | | | | 4. FEI Number | | | | |
|---|--|---|---|--------------------------------|-----------------------|-----------------|-------------------------|----------------|
| | | | | 59-2188890 | | | | Not Applicable |
| | | | | 5. Certificate | of Status Desired | | \$8.75 Ad Fee Requir | |
| | 6. Name and Address of Current Regis | | | | | , <u>,</u> | | |
| MESTRE, ERNEST 5497 LAKE LE CLARE RD LUTZ, FL 33549 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 registered agent and title | tered Agent signature | d Agent signature required when reinstating) DATE | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | 9. Election Campaign Fir Trust Fund Contribution | · · - | \$5.00 May Be Added to Fees | U000006 04/06/07-8 | 84447 0031-0 | N25 150 | ו חח |
| 10. | OFFICERS AND DIRECT | CTORS | | | - - | | | |
| title Name | MESTRE, ERNEST | | | | | | | |
| STREET ADDRESS | 5497 LAKE CLARE RD. | | | | | | | |
| CITY-ST-ZIP | LUTZ, FL 33558 | | | | | | | |
| TITLE | ST | | | | | | | |
| NAME | CURLEY, JAMIE L | | | | | | | |
| STREET ADDRESS | 16622 SEDONA DE AVILA | | | | | | | |
| CITY-ST-ZIP | TAMPA, FL 33613 | | | | | | | |
| TITLE | | | | | | | | |
| NAME | | | 1 | | | | | |
| STREET ADDRESS | DO NOT WRIT | | | | | | F | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | IN. | THIS SP | ACE | = | |
| NAME | | | | | | | - | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| | | | | | | | | |
| TITLE NAME | | | | | | | | |
| STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | |
| TITLE | | | | | | | | - |
| NAME | | | | | | | | |
| STREET ADDRESS | | | | | | | | 1 |
| 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 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. | | | | | | | | |

Ernest Mestre

President 03-30-07

SIGNATURE: