2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# F00000004502

Entity Name: WILLIAMSON SATURN OF MIAMI LAKES, INC.

Current Principal Place of Business:

300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 65-1030360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZINGLER, D. ESQ.
300 S. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WILLIAMSON, GEORGE E II
Address: 7815 SW 104 ST
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete
Name: WILLIAMSON, GEORGE E III
Address: 7815 S W 104 ST
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: VERA, LOUIS
Address: 300 S. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ST ( ) Delete
Name: REYES, VIVIAN
Address: 7815 S W 104 ST
City-St-Zip: MIAMI, FL 33156

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD/D (X) Change ( ) Addition
Name: VERA, LOUIS
Address: 300 S. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: ST (X) Change ( ) Addition
Name: REYES, VIVIAN
Address: 300 S. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Change (X) Addition
Name: JONES, STEVEN D
Address: 11700 GREAT OAKS WAY
City-St-Zip: ALPHARETTA, GA 30022

Title: D ( ) Change (X) Addition
Name: LEE, BRIAN S
Address: 11700 GREAT OAKS WAY
City-St-Zip: ALPHARETTA, GA 30022

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN REYES ST 02/06/2006

Electronic Signature of Signing Officer or Director — Date