

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90096 016 \*\*\*158.75

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04132004 Chg:P CR2E034 (10/03)

<b>DOCUMENT # H02507</b> 1. Entity Name <b>MASTER AUTO, INC.</b>					
Principal Place of Business <b>230 S.W. 21ST CT. MIAMI, FL 33135</b>			Mailing Address <b>230 S.W. 21ST CT. MIAMI, FL 33135</b>		
2. Principal Place of Business Suite, Apt., #, etc.		3. Mailing Address Suite, Apt., #, etc.			
City & State		City & State		4. FEI Number <b>59-2416396</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, ROBERTO 230 S W 210 T MIAMI, FL 33135</b>				7. Name and Address of New Registered Agent Name <b>Hernandez, Ernesto</b> Street Address (P.O. Box Number is Not Acceptable) <b>230 SW 21 CT.</b> City <b>MIAMI</b> FL Zip Code <b>33135</b>	
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: <span style="float: right;">04/13/2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution: <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HERNANDEZ, ROBERTO</b> <b>230 SW 21 CT.</b> <b>MIAMI, FL</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HERNANDEZ, ERNESTO</b> <b>230 SW 21 CT</b> <b>MIAMI FL 33135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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:			04/13/2004		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		