2005 FOR PROFIT CORPORATION

FILED Aug 15, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # J93341 LENNY'S EUROPEAN AUTO, INC. Principal Place of Business Mailing Address 4316 NE 5 TERR 4316 NE 5 TERR US FT. LAUDERDALE, FL 33334 FT. LAUDERDALE, FL 33334 08082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0006960 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARSH, GERALD L. DO NOT WRITE 4316 NE 5 TERR FT. LAUDERDALE, FL 33334 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 if applicable. (NOTE, Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PD TITLE NAME MARSH, GERALD L. 4312 N.E. 5TH TERRACE STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL - U00000376581 - 08/15/05-80003-011 150,00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR