

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90263 041 \*\*\*155.00

**20040910**



04082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L73375</b> 1. Entity Name <b>SOUTH FLORIDA AUTO MASTERS, INC.</b>					
Principal Place of Business <b>11245 N.W. 7TH AVENUE MIAMI, FL 33168 US</b>			Mailing Address <b>11245 N.W. 7 AVE. MIAMI, FL 33168 US</b>		
2. Principal Place of Business <b>3361 N.W. 107th St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3361 N.W. 107th St.</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-0206366</b>	
Zip <b>33167</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARQUEZ, JOSE M. 780 NW LEJEUNE RD SUITE 400 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>VANEGAS-DIAZ, MARIA N.</b> STREET ADDRESS <b>670 NE 164TH ST</b> CITY-ST-ZIP <b>N MIAMI, FL</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Maria N. Vanegas Diaz</u> <span style="float: right;">/4-18-05 (305) 953-4174</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					