2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2006 08:00 AM **Secretary of State** DOCUMENT # M45103 JOE'S AUTO STORES CORP. Principal Place of Business Malling Address 19740 SW 177TH AVE 19740 SW 177TH AVE MIAMI, FL 33187 US MIAMI, FL 33187 US 02092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2819443 Not Applicable \$8.75 Additional 5. Certificate of Status Destred П Fee Required 6. Name and Address of Current Registered Agent OLIVERA, JOSE DO NOT WRITE 19740 SW 177TH AVE MIAMI, FL 33187 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) CATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE OLIVERA, OLIVERA 19740 SW 177TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE U00000468000 03/24/06-80011-025 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 it 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davilma Phona #

FILED