## **2003 FOR PROFIT CORPORATION**

	003 FOR PROI		RATION RT (UBR)	FILED May 01, 2003 8:00 am Secretary of State	0418799
1. Entity Nar	IMENT # P000 H AUTOMOTIVE, INC.	00005396		05-01-2003 90315 041 ***150.00	AV
Principal Place 6062 FOSTER JUPITER FL		Mailing Address 6062 FOSTER ST. JUPITER FL 33458			
2. Principal F	Place of Business	3. Mailing Address		- 3 IODAIODA III ODAII ODAII ODAII ODAII EDIIA ODAII EDIII OBIDI DIAAD AANO IDAA DAAA ADDA -	
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.	<del></del>	☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ite	City & State		4. FEI Number 65-0984945 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
RICHARDSON, EMAN		Name			
6062 FOSTER ST.			Street Address	(P.O. Box Number is Not Acceptable)	
JUPITER	FL 33458				
	*	المراجع يسيحون والمراجع	City	-FL Zip Code	
	tions of registered agent.		ls registered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D RICHARDSON, EMAN.	☐ Delete	TITLE NAME	☐ Change ☐ Addition	(10/02)
STREET ADDRESS	6062 FOSTER ST.		STREET ADDRESS		₹ .
CITY-ST-ZIP TITLE	JUPITER FL 33458	☐ Delete	CITY-ST-ZIP TITLE	Change Addition	CR2E03
NAME		- Delete	NAME	Cango Ca Addition	Ö
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title Name		☐ Delete	j TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS	1		STREET ADDRESS		

CITY-ST-ZIP

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:

CITY-ST-ZIP

Daytime Phone #