2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067730

Entity Name: AUTO 7, INC

City-St-Zip:

FILED Feb 23, 2004 Secretary of State

Entity Nar	me: AUTO /	, INC.					
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:			
12955 BISCAYNE BLVD #304 MIAMI, FL 33181 US			8258 N.W	8258 N.W. 14TH STREET MIAMI, FL 22126 US			
			MIAMI, FL				
MIANII, FL	33181 US						
Current Mailing Address:				New Mailing Address:			
12955 BISCAYNE BLVD				8258 N.W. 14TH STREET			
#304 MIAMI, FL	33181 US	3	MIAMI, FL 33126 US				
FEI Number:	65-1024762	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desi	red()	
Name and	Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1500 SAN CORAL GA	REMP AVE, ABLES, FL 3		nurnoso of changing	ite rogietorod	office or registered agen	t or both	
	e of Florida.	Submits this statement for the	purpose of changing	its registered	office of registered agen	t, or both,	
SIGNATUR	RE:						
	Electro	onic Signature of Registered A	gent		Date		
Election Car	npaign Financii	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KRUSS, AND	AIL AVE, #103	Title: Name: Address: City-St-Zip:	PSD (X LOPEZ, JAIMI 8261 SW 128 MIAMI, FL 33	STREET		
Title: Name: Address: City-St-Zip:	KRUSS, STE	AIL AVE, #103	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address:	() Delete	Title: Name: Address:	KRUSS, ANDF) Change (X) Addition REW AIL AVE. #103		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33133

SIGNATURE: JAIME LOPEZ PSD 02/23/2004