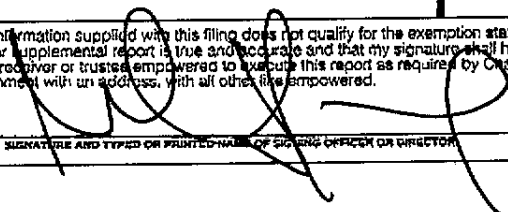


FROM : VARES, INC. -----

PHONE NO. : 305 285 8868

APR 27 2005 10:50AM P1

FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000067730		
1. Entity Name AUTO 7, INC.		
Principal Place of Business 8258 N.W. 14TH STREET MIAMI, FL 22126 US		Mailing Address 8258 N.W. 14TH STREET MIAMI, FL 33126 US
DO NOT WRITE IN THIS SPACE		
		04272005 No Chg-P GR2E034 (10/03)
		4. FEI Number 65-1024762 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMY AVE, STE 125 CORAL GABLES, FL 33146		DO NOT WRITE 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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPEZ, JAIME H 8261 SW 128 STREET MIAMI, FL 33158	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUS, STEVEN 2666 TIGER TAIL AVE, #103 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUS, ANDREW 2666 TIGER TAIL AVE, #103 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  Richard Peller 4/29/05 305 477253 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DSW Daytime Phone #		

U000000357219
05/04/05-80065-013 150.00**DO NOT WRITE
IN THIS SPACE**