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	Mailing Address
8258 N.W. 14TH STREET MIAMI, FL 22126 US	8258 N.W. 14TH STREET MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (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 REMP 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD
NAME	LOPEZ, JAIME H
STREET ADDRESS	8261 SW 128 STREET
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	D
NAME	KRUSS, STEVEN
STREET ADDRESS	2666 TIGER TAIL AVE, #103
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	KRUSS, ANDREW
STREET ADDRESS	2666 TIGER TAIL AVE, #103
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000357218
05/04/05-80065-013 150.00

DO NOT WRITE IN THIS SPACE

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 Lopez 4/29/05 305 9777253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #