## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 26, 2006 8:00 am Secretary of State

	'E AUTOMOTIVE MARKETI	655 NG, INC.				04-26-2006	90194 O	00 13	0.00
Principal Plac 5110 CORVE TAMPA, FL		Mailing Address 5110 CORVETTE DR. TAMPA, FL 33624		40		+ ENITE ETITA I EN	1 21 M 21 M 21	( <b>20</b> ) 2 j <b>us</b>	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Numbe 59-3660			h	plied For t Applicable
Zip	Country	Zip	Country	у	5. Certificate of	of Status Desired		8.75 Add ee Required	
ļ	6. Name and Address of Current 6	Registered Agent		N	7. Name and	Address of New R	egistered A	gent	
SDIEGEI	SITOEDA DA		1	Name	•				
343 ALME	& UTRERA, P.A. RIA AVENUE ABLES, FL 33134			Street Addres	s (P.O. Box Numbe	r is Not Acceptable	<del>)</del> )		•
OOKAL G	ABLEO, I E 30134		ĺ					-	
}	-			City			FL	Zip Code	•
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered	d office or regis	stered agent, or bott	n, in the State of Flo	vida. I em fa	miliar with,	and accept
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SIGNATURE.	Signature, typed or printed name of registered agent a	nd tite if applicable. (NCTE:	Benistered (	Agent signsture requ			DATE		
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12. I hereby certify that the information supplied with this filing 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 I am an officer or director of the corporation or the preclivet or fustee 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 attacriment with all adjress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP