2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P00000101739 FILED 1. Entity Name DYNAMIC AUTO SALES OF SOUTH FLORIDA, INC. Jul 22, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 480 EAST 25TH STREET 480 EAST 25TH STREET HIALEAH, FL HIALEAH, FL 07152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1081483 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALEXANDER, LOUIS DO NOT WRITE 12100 S.W. 47 STREET MIAMI, FL 33175 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ALEXANDER, LOUIS NAME STREET ADDRESS 12100 S.W. 47 STREET CITY-ST-ZIP MIAMI, FL 33175 U00000955929 07/22/08-80010-023 150.00 TITLE NAME SANCHEZ, LUIS STREET ADDRESS **1722 SW 99TH PLACE** CITY-ST-ZIP MIAMI, FL 33165 TITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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 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 withjan address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR