2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State
05-03-2006 90209 014 ***158.75

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1. Entity Name
AUTOCOM DEALER CORP.

Principal Place of Business	Mailing Address
7827 NW 53RD ST MIAMI, FL 33166	7827 NW 53RD ST MIAMI, FL 33166

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01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1062631
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, NORMA
5803 SW 152 CT
MIAMI, FL 33193

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AGUIRRE, NORMA
STREET ADDRESS	5803 SW 152 COURT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	S
NAME	AGUIRRE, ANA L
STREET ADDRESS	5803 S.W. 152 CT.
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	VP
NAME	MONROY, SANTIAGO
STREET ADDRESS	5803 SW 152 CT
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Norma A. Aguirre 6-30-06 3054188501
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #