2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P01000008053 DOCUMENT # 03-31-2003 90147 032 ***150.00 1. Entity Name ABBEY AUTOS, INC. Principal Place of Business Mailing Address 1221 BRICKELL AVE 7135 COLLINS AVE 9TH FLOOR # 1804 MIAMI FL 33131 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address 1201 NORTH STATE ROAD? 201 NORTH STATE ROAD 7 Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1128872 LYWOOI) Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SCHWARZKOPF, HENNING Street Address (P.O. Box Number is Not Acceptable) 4152 BATTERSEA ROAD MIAMI FL 33133 Zip Code City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE WAPLES, CHARLES D WAPLES, CHARLES D NAME NAME 1201 NORTH STATE ROAD 7 1-2 HILLREACH WOOLWICH STREET ADDRESS STREET ADDRESS LONDON SE UK 184AJ HOLLYWOOD FLORIDA 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change **™** Addition JARMEH MICHELLE NAME SCHWAREKOPF, HENNING 1201 NORTH STATE ROAD 7 4152 BATTERSEA ROAD STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete NAME NAME

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 received or trustee emportered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment all other like empowered. addre

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED