2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 23, 2004 8:00 am **Secretary of State** DOCUMENT # P01000027499 06-23-2004 90002 015 ***550.00 SUPER DEAL AUTO WHOLESALERS, INC. 54058519 Principal Place of Business Mailing Address 563 NW 120 DR 3698 NORTH STATE ROAD 7 CORAL SPRINGS, FL 33071 LAUDERDALE LAKES, FL 33319 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03282003 Chg-P 4. FEI Number Applied For City & State City & State 65-1086348 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RON MEDNICK, GLENN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2200 CORPORATE BLVD., N.W. **SUITE 315** 120th Drive BOCA RATON, FL 33431 Zip Code 3307 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or botf, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 П Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITI F TITLE HINTZ, RON 563 NW 120 DR MINTZ, RON NAME NAME 3698 N. STATE ROAD 7 STREET ADDRESS STREET AODRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP FORT LAUDERDALE, FL 33319 CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE MINTZ, ROBERTA 563 NW 120 DR NAME MINTZ, ROBERTA NAME **3698 N. STATE ROAD 7** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33319 TITLE __ D. Celeta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED