2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90418 015 ***150.00 **DOCUMENT # P01000062390** 1. Entity Name SHAM'S SALES & AUTO REPAIR, INC. Principal Place of Business Mailing Address 14014436 **3701 15TH STREET** PO BOX 152779 TAMPA, FL 33684-2779 TAMPA, FL 33610-8105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) 4. FFI Number Applied For City & State City & State 59-3728533 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAW, BILL M Street Address (P.O. Box Number is Not Acceptable) 550 N REO STREET TAMPA, FL 33609-1013 City Zip Code 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, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE Delete TITLE RAAKESH, RAM NAME NAME **475 WATERWAY** STREET ADDRESS STREET ADDRESS OCALA, FL 34472 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 CCTY-ST-ZIP ☐ Addition Change Delete TITLE TITLE

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Nanh

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED