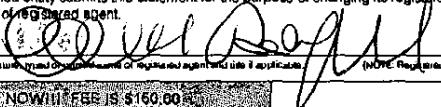
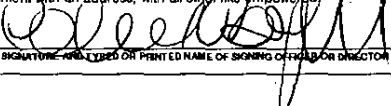


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90258 049 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000063067		
1. Entity Name AUTOSHOP AUTO SALES CORPORATION		
Principal Place of Business 687 NW 29TH STREET MIAMI, FL 33150		Mailing Address 2901 NW 7TH AVENUE MIAMI, FL 33127
2. Principal Place of Business		3. Mailing Address 1688 SW 22 STREET
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI FLORIDA		4. FEI Number 65-1058528
Zip 33145	Country USA	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BOFILL, EDUARDO 2901 NW 7TH AVENUE MIAMI, FL 33127		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL 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  DATE 4-28-03 Signature of the officer or director of the corporation or the registered agent, if applicable. (NOTE: Registered Agent signature required when requesting.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOFILL, EDUARDO 2901 NW 7TH AVENUE MIAMI, FL 33127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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.		
SIGNATURE:  DATE 4-28-03 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

90124302



☐ CHECK HERE IF MAKING CHANGES

CR2E004 (10/02)