FILED Jul 09, 2003 8:00 am Secretary of State

2003	FOR	PROFIT (CORPORATION
UNIFO	RM E	BUSINESS	REPORT_(UBR

1. Entity Nam	MENT# PUTUU SON AUTOMOTIVE INC.		07-09-2003 90034 029 ***150.00						
Principal Place of Business 2027 NE 27TH AVE. GAINESVILLE FL 32609		Mailing Address 11406 NW 33 AVE GAINESVILLE FL 32606							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-1552337 Applied For Not Applicable				
Zip	Country	Zip	Country			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and Address of New	Registered Agent		
11406 NW	A, ANGELA C 33 AVE LE FL 32606				Street Address (P.O. Box Number is Not Acceptable)				
GAINESVIL	LE FL 32000			City			FL Zip Co	ode	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registere	d office or	registered	agent, or both, in the State of F	lorida. I am familiar wit	h, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signati	re required wi	nen reinstating)	DATE		
After Sep	ILE NOW!!! FEE IS \$550.00 otember 10, 2003 Fee will be \$750 t Payable to Florida Department of	•				Election Campaign F Trust Fund Contributi		.00 May Be led to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
STREET ADDRESS	P CHIRIBOGA, ANGELA 11406 NW 33RD AVE. GAINESVILLE FL 32606	□ Delete			V.Piz	esi Dent	Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		T ADDRESS	HUGO 11400	SIDENT , V. CHIRIBOOM , NW 33RD AVE, ESVILLE, FL 3260	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE. NAME				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		-		T ADDRESS St-zip			ر بسته دارچيا 		
NAME STREET ADDRESS CITY-ST-ZIP	entify that the information supplied with	Delete	CITY-	T ADDRESS ST-ZIP	ad is C	ion 110 07/2/8) Flacid: 0	☐ Change		

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 his 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

July 7, 2003

Division of Corporation P.o. Box 1500 Tallahassee, FL 32302

Re: 59-1552337

To Whom It May Concern:

I received your bill for \$550.00 for the annual dues which includes a late fee. I never received the first bill for \$150.00. Therefore, I am enclosing a check for \$150.00 to pay for the annual fee: 110.00 to 120.00 to 120.00

Hugo Chiriboga Hugo & Son Auto Service