2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90003 013 ***150.00

DOCUMENT # P01000067231

1. Entity Name
VINAS AUTO SALES, INC.

Principal Place of Business	Mailing Address
~~9793 S. ORANGE BLOSSOM~~ TRAIL, ~~SUITE 5B~~ ORLANDO, FL 32837	~~9793 S. ORANGE BLOSSOM~~ TRAIL, ~~SUITE 5B~~ ORLANDO, FL 32837

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9781 S. ORANGE Blossom TRAIL	9781 S. ORANGE Blossom TRAIL
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.: SUITE 1
City & State: ORLANDO, FLORIDA	City & State:
Zip: 32837 Country: ORANGE	Zip: 32837 Country: ORANGE

4. FEI Number 59-3749300 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, RAMON A 9793 S ORANGE BLOSSOM TRL ORLANDO, FL 32837	Name: RAMON A HERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 9781 S. ORANGE blossom TRAIL City: ORLANDO FL Zip Code: 32837

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: X Ramon Hernandez 4/20/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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 HERNANDEZ, RAMON A 9793 S. ORANGE BLOSSOM TRAIL, ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PINENTEL, TOMAS 9793 ORANGE BLOSSOM TR ORLANDO, FL 32837	☒ 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	VP BIANNY BEATRIZ DE LA CRUZ 433 BARLYN AVE HAINES CITY, FLORIDA 33844 ☐ 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
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 exemptions contained in Chapter 119, 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: X Ramon Hernandez 4/20/07 407-346-6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #