## FILED Mar 21, 2006 8:00 am Secretary of State

2006	FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							Secretary of State						
DOCUMENT # P0100078663  1. Entity Name JIMENEZ AUTO SALES, INC.									03-21-2006 90	0022 014	4 ***150.0	00	
Principal Place	e of Business	Mailing Address					4003	1110					
16581 LAKE	6581 LAKETREE DRIVE ESTPN, FL 33326			16581 LAKETREE DRIVE WESTPN, FL 33326				4000					
2. Principal P	Lake	3. Mailing Address 16581 Laketree Drive											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03152006	Chg-P	CR2E0	34 (11/05)			
City & State	e	· ,	City & State					4. FEI Numbe	<u> </u>		IAp	plied For	
Westo		Weston, FL 33326			26		65-112		_	<b> —</b>	t Applicable		
Zip		Country	Zip Count				5. Certificate of Status Desired  \$8.75				\$8.75 Add	itional	
<u>33326</u>		USA	33326 US			SA	Fee Required					1	
	6. Name	and Address of Current	Registered Age	nt		7. Name and Address of New Registered Agent							
CDIECEL	e litoed	A D A				Name							
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET 4TH FLOOR						Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL						1							
		·				City				FL	Zip Code		
	named entity ions of regist	y submits this statement for ered agent.	r the purpose of	changing it	s register	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. I am	lamiliar with,	and accept	
SIGNATURE.	Signature typed	or printed name of registered agent	and title if englishme		TE: Recretere	d Anent signati	/a (an) ira	when reinstating)		DATE			
	<u></u>	or prince name or registered agent	по нае и аррасаме.		ne: negistere	C vông nôman	a e required	when reinstaung)		DATE			
		FEE IS \$150.00 6 Fee will be \$550.0	- 1 -	ction Camp st Fund Cor		ncing		.00 May Be ed to Fees					
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	PSTD			Delete	រោប	E	PST	 מי			Change	Addition	
NAME	JIMENEZ, GONZALO A					-	Jin	ienez,	Gonzalo .	A	•	İ	
STREET ADDRESS		KETREE DRIVE				ET ADDRESS	165	581 Laketree Drive					
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12. I hereby o	certify that the	e information supplied with	this filing does	not qualify	for the ex	emptions c	ontained	in Chapter 119	, Florida Statutes. I	further cert	ify that the ir	formation	
12. I hereby certify that the information supplied with this filling 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 coaver-of 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: Gonzalo Jimenez 3/17/06 786-487-7679													
	` `	<ul> <li>SIGNATURE AND WYPED OR P</li> </ul>	WINTED NAME OF SI	GNING OFFICE	R OR DIRECT	roR			Date	r	autima Phone #	l l	