2003 FOR PROFIT CORPORATION

FILED Apr 23, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000089759 **DOCUMENT #** 1. Entity Name 04-23-2003 90290 039 ***150.00 CEFISA AUTO SALES, INC. Principal Place of Business Mailing Address 9781 S ORANGE BLOSSOM TRAIL 9781 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address VINELAND Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3745596 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMINGUEZ, JUNIOR R Street Address (P.O. Box Number is Not Acceptable) 2442 PARSON POND CIRCLE KISSIMMEE FL 34743 Zip Code City 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 A 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. M Change ☐ Addition TITLE TITLE Delete NAME DOMINGUEZ, JUNIOR R NAME 1606 ISLEBROOK DR. STREET ADDRESS 1605 EMILY CT STREET ADDRESS ORIANDO FL 32824 CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-ZIP 🔀 Delete TITLE ☐ Change ■ Addition TITLE NAME NAME DOMINGUEZ, NANCY STREET ADDRESS STREET ADDRESS 1605 EMILY CT CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34743 TITLE ☐ Change Addition TITLE ☐ Delete 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 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

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 receive 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP