Jul 05 06 10:12a MARY WILDER 7/10/2

FILED
Sep 13, 2006 8:00 am
Secretary of State
07-10-2006 90026 010 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000003008

1. Entity Name
ALVAND AUTO SALES, INC.

66024017

Principal Place of Business	Mailing Address
4885 W COLONIAL DR ORLANDO, FL 32808 US	4885 W COLONIAL DR ORLANDO, FL 32808 US

07052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
01-0577061
☐ 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

Name: Naim Suleiman
Street Address (P.O. Box Number is Not Acceptable):
10946 Arbor View Blvd
City: Orlando FL Zip Code: 32825

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: 09-11-06
(Signature, typed or printed name of Registered Agent and the date. NOTE: Registered Agent signature required when box checked.)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULEIMAN, NAIMANA 4885 W COLONIAL DR ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULEIMAN, NAIMMNA 4885 W COLONIAL DR ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARHAN, SHEREEN 7813 LAUREL OAK LN KISSIMMEE, FL 34745	☐ 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
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: _____ Date _____
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF AUTHORIZED OFFICER OR DIRECTOR)

Jul 05 06 10:13a Jack Wilder 4076577200 p.2