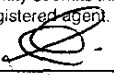


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90010 020 ***150.00

DOCUMENT # P02000014060 1. Entity Name R R AUTO SALES II, INC.					
Principal Place of Business 3820 NW 12TH AVE MIAMI, FL 33142			Mailing Address 3820 NW 12TH AVE MIAMI, FL 33142		
2. Principal Place of Business 3820 NW 12th Ave			3. Mailing Address 3820 NW 12th Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami, FL			City & State Miami, FL		
Zip 33127			Zip 33127		
Country 			Country 		
4. FEI Number 56-2327946			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MONTERO, ROBERTO 3820 NW 12TH AVE MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3820 NW 12th Ave City Miami FL Zip Code 33127		
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  Roberto Montero 3/6/04 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, 2004 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	D MONTERO, ROBERTO 2989 NW 99TH STREET MIAMI, FL 33147	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANDINO, RUTH 2989 NW 99TH STREET MIAMI, FL 33147	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 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:  Roberto Montero 3/6/04 305 635-8227 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		