


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90063 027 \*\*\*150.00

DOCUMENT # P02000037910					
1. Entity Name CUMANAY AUTO SALES, INC.					
Principal Place of Business <del>10950 SW 64 STREET MIAMI, FL 33173</del>			Mailing Address <del>10950 SW 64 STREET MIAMI, FL 33173</del>		
2. Principal Place of Business - No P.O. Box # <b>19800 S.W. 180 AVE.</b>			3. Mailing Address <b>19800 S.W. 180 AVE.</b>		
Suite, Apt. #, etc. <b># 466</b>			Suite, Apt. #, etc. <b># 466</b>		
City & State <b>MIAMI, FL.</b>			City & State <b>MIAMI, FL.</b>		
Zip <b>33187</b>		Country <b>USA</b>		Zip <b>33187</b>	
		Country <b>USA</b>		4. FEI Number <b>68-0507909</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <del>MARTINEZ, ORELVIS 10950 S.W. 64 STREET MIAMI, FL 33173</del>			7. Name and Address of New Registered Agent Name <b>MARTINEZ, ORELVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>19800 S.W. 180 AVE. # 466</b> City <b>MIAMI</b> FL Zip Code <b>33187</b>		
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 <i>[Signature]</i> DATE <b>4/2/07</b> <small>(NOTE: Registered Agent signature required when re-appointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input checked="" type="checkbox"/> Delete NAME <del>MARTINEZ, ORELVIS</del> STREET ADDRESS <del>10950 S.W. 64 STREET</del> CITY-ST-ZIP <del>MIAMI, FL 33173</del>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>MARTINEZ, ORELVIS</b> STREET ADDRESS <b>19800 S.W. 180 AVE. # 466</b> CITY-ST-ZIP <b>MIAMI, FL 33187</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 <i>[Signature]</i>			Date <b>4/2/07</b> Daytime Phone <b>(786) 384-6702</b>		