2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State DOCUMENT # P02000046647 THE CHEAPO AUTO SALES, INC. Mailing Address Principal Place of Business 11112 W. ROUTE 92 11112 W. ROUTE 92 SEFFNER, FL 33584 SEFFNER, FL 33584 04132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2167422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E DO NOT WRITE 11112 W. ROUTE 92 SEFFNER, FL 33584 IN THIS SPACE 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. Signature, typed or crinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIT FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 <u>Ηδοδόδος τους ο</u> OFFICERS AND DIRECTORS 10. 05/06/08-80093-020 150.00 PD TITLE NAME RODRIGUEZ, JUAN E 11112 W. ROUTE 92 STREET ADORESS SEFFNER, FL 33584 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 vith all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR