

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90088 032 \*\*\*150.00

<b>DOCUMENT # P02000060928</b> 1. Entity Name <b>FAIR DEAL AUTO SALES OF TAMPA, INC.</b>			
Principal Place of Business <b>11901 NORTH NEBRASKA AVENUE TAMPA, FL 33613</b>		Mailing Address <b>11901 NORTH NEBRASKA AVENUE TAMPA, FL 33613</b>	
2. Principal Place of Business <b>11901 N. NEBRASKA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11901 N. NEBRASKA AVE</b> Suite, Apt. #, etc.	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>	
Zip <b>33612</b>		Zip <b>33612</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>01-0703713</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ESSA, MOHAMED 14747 B NEBRASKE AVE. TAMPA, FL 33613</b>		7. Name and Address of New Registered Agent Name <b>ESSA, MOHAMED</b> Street Address (P.O. Box Number is Not Acceptable) <b>6325 BENT BRANCH CT</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33617</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: <u><i>mohamed essa</i></u> DATE: <u>3-14-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ESSA, MOHAMED</b> <b>14747 B NEBRASKE AVE.</b> <b>TAMPA, FL 33613</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ESSA, MOHAMED</b> <b>6325 BENT BRANCH CT</b> <b>TAMPA FL 33617</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>mohamed essa</i></u>		Date: <u>3-14-06</u> Daytime Phone #: <u>813-477-0000</u>	