

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000063905

FILED
Oct 27, 2004
Secretary of State

Entity Name: ALLIED AUTO BROKERS INC.

Current Principal Place of Business:

266 CELEBRATION BLVD.
CELEBRATION, FL 34747

New Principal Place of Business:

520 13 STREET
ST. CLOUD, FL 34769

Current Mailing Address:

266 CELEBRATION BLVD.
CELEBRATION, FL 34747

New Mailing Address:

520 13 STREET
ST. CLOUD, FL 34769

FEI Number: 27-0018416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTAMARIA, BAILEY
266 CELEBRATION BLVD.
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

SANTAMARIA, BAILEY
500 MOONLIGHT CT
ST CLOUD, FL 34771 US

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.

SIGNATURE: BAILEY SANTAMARIA

10/27/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANTAMARIA, BAILEY
Address: 266 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: SANTAMARIA, SUSY
Address: 266 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: SANTAMARIA, EDUARDO
Address: 266 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SANTAMARIA, BAILEY
Address: 500 MOONLIGHT CT
City-St-Zip: ST. CLOUD, FL 34771

Title: D (X) Change () Addition
Name: SANTAMARIA, SUSY
Address: 500 MOONLIGHT CT
City-St-Zip: ST. CLOUD, FL 34771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BAILEY SANTAMARIA

DIR

10/27/2004

Electronic Signature of Signing Officer or Director

Date