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Mar 16, 2007 8:00 am
Secretary of State
01-29-2007 90098 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000088993

1. Entity Name
AUTO LAND SERVICE, INC.

Principal Place of Business	Mailing Address
4602 N. FLORIDA AVE TAMPA, FL 33603	4602 N. FLORIDA AVENUE TAMPA, FL 33603

01242007 Chg-P CR2E03 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
43-1971611
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $ 5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AHMED, ELMUNAIER 4602 N. FLORIDA AVE TAMPA, FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Ahmed Elmunaier 3-14-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	FS ELMUNAIER, AHMED 4302 N. FLORIDA AVENUE TAMPA, FL 33603 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ELMUNAIER, NADIA 4302 N. FLORIDA AVENUE TAMPA, FL 33603 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Elmunaier Mohamed 4602 N. Florida Avenue Tampa, FL 33603
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ELMUNAIER, SARA 4302 N. FLORIA AVE TAMPA, FL 33603 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 a director or officer 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: Ahmed Elmunaier 3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #