FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90125 030 ***150.00

2005 FOR PROFIT CORPORATION

DOCUMENT # P02000120226

1. Entity Name
JADD AUTO CORP.

Principal Place of Business
1311 SW 71 TR
NORTH LAUDERDALE, FL 33068

Mailing Address
1311 SW 71 TR
NORTH LAUDERDALE, FL 33068

14015621

2. Principal Place of Business	3. Mailing Address
826 NE 1st Ave	826 B NE 1st Ave.
Suite, Apt. #, etc. B	Suite, Apt. #, etc.
City & State: FT Lauderdale Fl	City & State: FT Lauderdale Fl
Zip 33304 Country Broward	Zip 33304 Country Broward

4. FEI Number 57-1143200 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
[illegible]

7. Name and Address of New Registered Agent
Name: E-Z 90 Auto (DBA)
Street Address (P.O. Box Number is Not Acceptable): 826 B NE 1st Ave
City: FT Lauderdale FL Zip Code 33304

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] RANDY P. BRIN — 2-17-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	DPV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRIN, RANDY		NAME		
STREET ADDRESS	1311 SW 71 TR		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DE LAVALLE, GINA		NAME		
STREET ADDRESS	1311 SW 71 TR		STREET ADDRESS		
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] — 2-17-05 — (954) 524-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #