

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000004101

FILED
Oct 14, 2005
Secretary of State

Entity Name: J.R. AUTO SALES OF KISSIMMEE INC

Current Principal Place of Business:

2794A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

New Principal Place of Business:

2802A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

Current Mailing Address:

2794A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

New Mailing Address:

2802A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

FEI Number: 32-0053495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSARIO, ZORAIDA
2794A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ROSARIO, ZORAIDA
2802A N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 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: ZORAIDA ROSARIO

10/14/2005

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: P () Delete
Name: MALAVE, GUILLERMINA
Address: 495 FLORAL DRIVE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC () Change (X) Addition
Name: ROSARIO, ZORAIDA
Address: 164 CORALWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

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: GUILLERMINA MALAVE

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10/14/2005

Electronic Signature of Signing Officer or Director

Date