2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 27, 2004 8:00 am Secretary of State DOCUMENT: # P03000007805 05-27-2004 90014 030 ***150.00 M & J AUTO SALES, INC Principal Place of Business Mailing Address 24077171 14219 N FLORIDA AVE 14219 N FLORIDA AVE TAMPA, FL 33613 TAMPA, FL 33613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04202004 Chg-P City & State Applied For City & State 4. FEI Number 93-050 2129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6." Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, MARIA A Street Address (P.O. Box Number is Not Acceptable) 14219 N FLORIDA AVE TAMPA, FL 33613 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed and title of soplicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition RODRIGUEZ, JOSE R NAME NAME STREET ADDRESS 14219 N FLORIDA AVE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33613** CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, MARIA A NAME NAME 14219 N FLORIDA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-7IP Change Addition TITLE Delete TITLE 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 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Affachment

TAXMART, INC.

#P03000007805

ACCOUNTING AND TAX SERVICES

05/25/04

Department of State Division of Corporations Tallahassee, FL.

Re:M & J Auto Sales, Inc. EIN- 03-0502129 Doc. No. P03000007805

To Whom it May Concern;

This office has been contacted by the above captioned corporation, to help with their annual report. It seems the individual who was assisting them with their paperwork and legal matters, failed to inform them of this document and its due date.

We at this office see this happen quite a bit, where a hard-working person gets in trouble and costly fees and penalties, for not knowing the requirements of their business and for trusting someone else to do it for them.

We are hereby, pleading with your department, to, please waive the penalty on this case, and allow these people to pay the regular fee of \$ 150.00. I have spoken with them and have informed them of the seriousness of not complying with your rulings.

We gratefully thank you beforehand, if you can see it your way to accommodate them this once.

President

Respéctfully;

Cardenas-

220 EAST MADISON ST. STE. 825, TAMPA, FL. 33602-TEL.(813)932-8187 FAX.(813)849-2134