2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000008516** 04-26-2004 91053 045 ***150.00 JULEX AUTO SALES, CORP. Principal Place of Business Mailing Address 14000044 15921 S.W. 82 ST. 15921 S.W. 82 ST. MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address 541 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **YOUCH** E & V GREAT PROFESSIONAL, INC. Street Address (P.O. Box Number is Not Acceptable) 6216 S.W. 8 ST. MIAMI, FL 33144 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition Alex Ponce NAME PONCE, ALEX NAME 7541 NW 72 AVE. STREET ADDRESS 15921 S.W. 82 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP Miami, FL 33166 TITLE ☐ Delete TITLE Change ☐ Addition Izquierdo, Julio C. IZQUIERDO, JULIO C NAME · 7541 NN 72 AVE. STREET ADDRESS 15921 S.W. 82 ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP MiaminFL 33166 TITLE Delete --Addition. ___Change__ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 TITL F 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 fixe/empowered.

FILED

Daytime Phone #