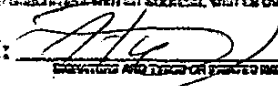


FILED  
Aug 11, 2005 8:00 am  
Secretary of State

08-11-2005 90003 009 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000015924</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                                                                                                       |                                                                   |
| 1. Entity Name<br><b>WD AUTO SALES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| Principal Place of Business<br><b>1323 WEST 40TH STREET<br/>HALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Mailing Address<br><b>1323 WEST 40TH STREET<br/>HALEAH, FL 33012</b>                                                                                                                                                   |                                                                   |
| 2. Principal Place of Business<br><b>1068 NW 36 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | 3. Mailing Address                                                                                                                                                                                                     |                                                                   |
| Suff. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | Suff. Apt. #, etc.                                                                                                                                                                                                     |                                                                   |
| City & State<br><b>MIAMI FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | City & State                                                                                                                                                                                                           |                                                                   |
| Zip<br><b>33127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country<br><b>USA</b>                                                                                           | Zip                                                                                                                                                                                                                    | Country                                                           |
| 4. FEI Number<br><b>30-0153160</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$0.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>DIEGUEZ, ALBERTO<br/>1323 WEST 40TH STREET<br/>HALEAH, FL 33012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | 7. Name and Address of New Registered Agent                                                                                                                                                                            |                                                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | FL                                                                                                                                                                                                                     |                                                                   |
| 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 _____<br>Signature, hand or printed name of registered agent and its employee. (Print: Registered Agent signature required when requested) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| FEE: <b>FILED FEE \$150.00</b><br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fee</b><br>In accordance with a. C/7-122 (2-00), F.B., the corporation did not receive the prior notice. |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DP<br/>DIEGUEZ, ALBERTO I<br/>1323 WEST 40TH STREET<br/>HALEAH, FL 33012</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DP<br/>DIEGUEZ, HECTOR A<br/>1323 WEST 40TH STREET<br/>HALEAH, FL 33012</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 corporations. |                                                                                                                 |                                                                                                                                                                                                                        |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 8/01/2005 (305) 362-9139                                                                                                                                                                                               |                                                                   |
| Signature and Title of Officer or Director of Existing Officer or Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | Date Day and Phone #                                                                                                                                                                                                   |                                                                   |

ATTACHMENT  
50061042

WD AUTO SALES INC  
1068 NW 36th Street  
Miami Florida 33127

August 8, 2005

DEIVISION OF CORPORATIONS  
Tallahassee Florida

Re: Document P03000015924

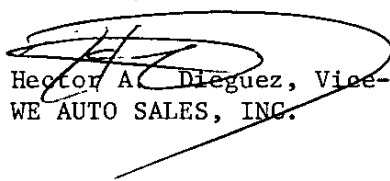
Dear Sir or Madam:

The reference of this letter is to advice the fact,  
that I am sending my Annual Report 2005 late due to  
I did not received the annual report form.

I just find out that the 1st of May had to be paid to  
be on time, I am sorry for this inconvenience, but for  
further years I promess, that this delay in filing my  
report will not happen to me again.

I appreciated your help in this matter and accept my  
ck. #1293 for the amount of \$150.00.

Sincerely,

  
Hector A. Dieguez, Vice-Pres.  
WE AUTO SALES, INC.