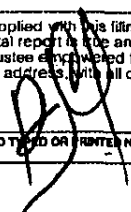


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-05-2004 90080 031 ***150.00

DOCUMENT # P03000027355			
1. Entity Name CHOLY AUTO SERVICE, INC.			
Principal Place of Business 8038 NW 103RD STREET #41 HIALEAH GARDENS, FL 33016		Mailing Address 8038 NW 103RD STREET #41 HIALEAH GARDENS, FL 33016	
2. Principal Place of Business		3. Mailing Address 8038 NW 103ST #41	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hialeah Gardens	
Zip	Country	Zip	Country
		33016	USA
4. FET Number 65-0946072		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, JULIO 8038 N.E. 103RD STREET #41 HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8038 NW 103RD ST #41 City Hialeah Gardens FL Zip Code 33016	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	DP RUIZ, JULIO 8038 N.E. 103RD STREET #41 HIALEAH GARDENS, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8038 NW 103ST #41 Hialeah Gardens, FL 33016 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		Date 2/19/04 Daytime Phone # 305-823-5067	