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Apr 23, 2004 8:00 am
Secretary of State

04-05-2004 90080 031 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000027355

1. Entity Name
CHOLY AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
8038 NW 103RD STREET #41 HIALEAH GARDENS, FL 33016	8038 NW 103RD STREET #41 HIALEAH GARDENS, FL 33016

6b414004

03192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	8038 NW. 103 St #41
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Hialeah Gardens
Zip / Country	Zip: 33016 / Country: USA

4. FEI 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	7. Name and Address of New Registered Agent
RUIZ, JULIO 8038 N.E. 103RD STREET #41 HIALEAH GARDENS, FL 33016	Name: Street Address (P.O. Box Number is Not Acceptable): 8038 NW. 103 Rd 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. 103 St #41 Hialeah Gardens, Fl. 33016	☐ 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: ____________________ 3/19/04 301 823-5067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #