1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000052030

1. Entity Name
A 1A Auto Group, INC

FILED
06 JUL 28 AM 9:41

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 04-06

2. Principal Place of Business	3. Mailing Address
16197 NW, 122 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL.	City & State
Zip: 33018 Country: Dade	Zip Country

4. FEI Number: 20-5268398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Luciano Martinez

Street Address (P.O. Box Number is Not Acceptable): 30510 SW, 149 Ave.

City: Homestead FL Zip Code: 33033

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: _____ 300078281373 08/02/06--01061--017 **450.00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Luciano Martinez 30510 SW, 149 Ave. Homestead, FL. 33033
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JUL 28 2006

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **A 1 A AUTO GROUP, INC.**

Thank you for your courtesy in this matter.

LUCIANO MARTINEZ
PRESIDENT