

## **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000056635

Entity Name: ONE STOP AUTO, INC.

**FILED**  
**Feb 26, 2008**  
**Secretary of State**

### **Current Principal Place of Business:**

9190 OVERLAND RD.  
A  
APOPKA, FL 32703 US

### **New Principal Place of Business:**

### **Current Mailing Address:**

P.O.BOX 1242  
MINEOLA, FL 34755 US

### **New Mailing Address:**

FEI Number: 58-4163015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### **Name and Address of Current Registered Agent:**

RODRIGUEZ, LUIS PRES  
9190 OVERLAND RD.  
A  
APOPKA, FL 32703 US

### **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

### **OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: RODRIGUEZ, LUIS  
Address: 9190 OVERLAND RD  
City-St-Zip: APOPKA, FL 32703 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECR ( ) Change (X) Addition  
Name: CRUZ, YOLANDA  
Address: 9190 OVERLAND ROAD  
City-St-Zip: APOPKA, FL 32702

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS RODRIGUEZ

PRES

02/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date