

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-04-2006 90249 005 ***150.00

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1. Entity Name
MASTER'S AUTO GROUP, INC.



Principal Place of Business
**299 E JACKSON ST STE B
KISSIMMEE, FL 34744**

Mailing Address
**299 E JACKSON ST STE B
KISSIMMEE, FL 34744**

66020464



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1184199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, ANA
299 E JACKSON ST STE B
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

7. 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

Ana Hernandez
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-13-06

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, JULIO R 1704 W DONEGAN AVE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, ANA A 1704 W DONEGAN AVE KISSIMMEE, FL 34741
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I/ke empowered.

SIGNATURE:

Ana Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-06 407-346-0107
Date Daytime Phone #