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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
06 JUN 14 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000090696

1. Entity Name

BEST BUY AUTO GROUP, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12949 A. ALEXANDRIA
Suite, Apt. #, etc. DRIVE
City & State
Opa-Locka FL
Zip 33054
Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 04-06

4. FEI Number
20-5021655
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JOSE A. SORIANO
Street Address (P.O. Box Number is Not Acceptable)
1225 ALIBABA AVE.
City OPALOCKA FL Zip Code 33054

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: X
Signature required or printed name of registered agent and title if applicable
900077159839
07/07/05--01052--003 **450.00
DATE (NOTE: Registered Agent signature required when changing)

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	PD
NAME	JOSE A. SORIANO
STREET ADDRESS	1225 ALIBABA AVE
CITY-ST-ZIP	OPA-LOCKA FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel JUN 14 2006

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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 **BEST BUY AUTO GROUP, CORP.**

Thank you for your courtesy in this matter.

JOSE A. SORIANO
PRESIDENT