2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 24, 2005 08:00 AM DOCEMENT # P03000094990 **Secretary of State** 1. Entity Name RJR AUTOMOTIVE, INCORPORATED Principal Place of Business Mailing Address 9017 ADAMO DRIVE STE G 9017 ADAMO DRIVE STE G TAMPA, FL 33619-3539 ... Tampa, FL 33619-3539 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0189655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIAFAKAS, THOMAS A DO NOT WRITE 3635 CONNON DRIVE NEW PORT RICHEY, FL 34652-6215 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000192091 01/25/05-80005-016 150.00 PΩ SIAFAKAS, THOMAS A NAME 3635 CONNON DRIVE STREET ADDRESS NEW PORT RICHEY, FL 346526215 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 receive or trustee employeed 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 attack

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR