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Secretary of State

05-02-2005 90423 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000096109

1. Entity Name
NATIONAL AUTO FINANCE, INC.

Principal Place of Business	Mailing Address
355 PLAZA DR 2 EUSTIS, FL 32726	355 PLAZA DR 2 EUSTIS, FL 32726

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0533312 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAZAN, MEHMET
1840 SW 22ND ST
SUITE 2
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: KAZAN, MEHMET
Street Address (P.O. Box Number is Not Acceptable): 355 PLAZA DRIVE, SUITE 2
City: EUSTIS FL Zip Code: 32726

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 [signature] MEHMET KAZAN 4/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZAN, MEHMET 355 PLAZA DRIVE EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAZAN, MEHMET 355 PLAZA DRIVE, SUITE 2 EUSTIS, FL 32726	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALKAN, SERHAN 355 PLAZA DRIVE EUSTIS, FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALKAN, SERHAN 355 PLAZA DRIVE, SUITE 2 EUSTIS, FL 32726	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #