2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2006 8:00 am Secretary of State DOCUMENT # P03000099614 1. Entity Name 02-15-2006 90049 010 ***150.00 JESTANY AUTOMOTIVE CORPORATION Principal Place of Business Mailing Address 803 10TH STREET E 3405 61ST STREET E PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20-0221276 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FÉNIMORE, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 3405 61ST STREET E PALMETTO FL 34221 City Zip Code 8. The above named entity submits this statement for the adropose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re tered agent. (NOTE: Registered Agen) signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR THE ☐ Defete TITLE Addition BRITTANY ANNE FENIMONE FENIMORE, DANIEL J' NAME NAME 3405 GIST ST. E. STREET ADDRESS 803 10TH STREET E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 PALMETTO, FL 34221 ☐ Delete ☐ Change Addition NAME FENIMORE, JESSICA C NAME STREET ADDRESS 3405 61 ST E STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34221 CITY+ST-7/P TITLE Detete DITLE Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

FILED

SIGNATURE: JOHN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOWN COLUMN COLUM

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 attackingent with an address, with all anaddress, with all anaddress, with all anaddress.