2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _<

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P03000111884 1. Entity Name 02-28-2005 90201 023 ***150.00 YTS AUTOSALES, INC. Mailing Address Principal Place of Business 2500 S PARK RD. BLDG 2A, BAY 3 HOLLYWOOD FL 33021 2500 S PARK RD. BLDG 2A, BAY 3 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 2500 5 PARK RD PARK RD **2500 5** Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE BAY 3 BLDG 2A BLDG 2A City & State City & State HALLANDALE BCH 4. FEI Number Applied For 45-0527931 HALLANDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3000 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JGAL TAHOR TAHOR, JGAL Street Address (P.O. Box Number is Not Acceptable) 3521 NORTH 52ND AVENUE HOLLYWOOD FL 33021 Drive 10965 Neptone City COOper Zip Code 330aん 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 TITi F ☐ Delete TITLE Addition TAHOR, YGAL TAHOR JGAL 10965 NEPTUNE DRIVE STREET ADDRESS 3521 NORTH 52ND AVENUE STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP COOPER CITY FL 33026 CITY+ST-ZIP HHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ _ Delete ---TITLE - Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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-7(P 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.

FILED