## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2005 08:00 AM Secretary of State DOCUMENT # P03000114159 t. Entity Name \_\_\_\_ AUTOMOTIVE OPTIONS, INC. Principal Place of Business Mailing Address 10125 NW 116 WAY 10125 NW 116 WAY STE #16 STE #16 MEDLEY, FL 33178 MEDLEY, FL 33178 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1576697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LIU. WEI-MING 3558 ESTEPONA AVE. MIAMI, FL 33178 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. SIGNATURE Signature hyped or printed name of registered signs and tire 4 applicable. [NOTE: Registeral Agent's gnature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LIU, WEI-MING NAME STREET ADDRESS 3558 ESTEPONA AVE CITY-ST-ZIP MIAMI, FL 33178 TITLE U00000178984 01/12/05-80050-024 150.00 KAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP

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 of 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

TITLE

STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**