2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131792

Entity Name: JOE'S AUTO CLINIC, INC.

MIAMI, FL 33162 US

City-St-Zip:

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14801 NORTH MIAMI AVENUE MIAMI, FL 33168 **Current Mailing Address: New Mailing Address:** 14801 NORTH MIAMI AVENUE MIAMI, FL 33168 FEI Number: 20-0390813 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UGALDE, JOSE 14801 NÓRTH MIAMI AVENUE MIAMI, FL 33168 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition UGALDE, JOSE Name: Name: 14801 NORTH MIAMI AVENUE Address: Address: City-St-Zip: MIAMI, FL 33168 US City-St-Zip: Title: DVPS () Delete Title: () Change () Addition Name: UGALDE, EDITH Name: 421 NE 160TH TERRACE Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE UGALDE DPT 04/27/2005