## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|   |  | <del></del>  |               |  | 1  | •                                     | ٠ 4                                   |                            |                           |
|---|--|--|---------------|--|--|---------------------------------------|---------------------------------------|----------------------------|---------------------------|
| DOCUMENT # P03000150176  1. Entity Name POCHE IMPORT & EXPORT CAR SALE, INC |  |  |               |  | SECRETARY OF STATE DIVISION OF CORPORATIONS    |                                       |                                       |                            |                           |
| Principal Plac<br>1234 HWY 1<br>HAINES CITY,                                | 7/92   | Mailing Address 1234 HWY 17/92 HAINES CITY, FL 33844 |               |  |  | 08 FEB 22                             | AH 9:                                 | 02                         |                           |
| TIMINES OFF   | , 11. 33047  | Tizulies off 1,1 E 33044                             |               |  |  |                                       |                                       |                            |                           |
| Principal Place of Business - No P.O. Box #     Mailing Address             |  |  |               |  | ]     <b>                                 </b> |                                       |                                       |                            |                           |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                  |               |  | 02162008                                       | Chg-P                                 | CR2E                                  | 034 (12/06)                | ·                         |
| City & State  |  | City & State   |               |  | 4. FEI Numbe<br>20-048                         |                                       |                                       |                            | plied For<br>t Applicable |
| Zip   | Country  | Žip  | Country       | ′<br>  | <u>L</u>                                       | of Status Desired                     | <b>B</b>                              | \$8.75 Add<br>Fee Required |                           |
|   | 6. Name and Address of Current I                                     | Registered Agent                                     |               |  | 7. Name and                                    | Address of New R                      | egistered                             | Agent                      |                           |
| 00L0N :1  | morios   |  | _             | Name   |  |                                       |                                       |                            | ·                         |
| COLON, JESUS<br>1234 HWY 17/92<br>HAINES CITY, FL 33844                     |  |  |               | Street Address (P.O. Box Number is Not Acceptable) |  |                                       |                                       |                            |                           |
|   |  |  |               | City   |  | <del></del>                           |                                       |                            |                           |
|   |  |  | -             | City   |  |                                       | Fl                                    | Zip Code                   | 9                         |
|   | named entity submits this statement for<br>ions of registered agent. | the purpose of changing its re                       | egistered     | office or register                                 | ed agent, or bot                               | h, in the State of Flo                | orida. I am                           | familiar with,             | and accept                |
| SIGNATURE_  | Signature, typed or printed name of registered agent a               | no title if applicable. (NOTE:                       | Registered A  | Agont signature required                           | (when reinstating)                             |                                       | DATE                                  |                            | · ·                       |
| Amended AR is \$61.25  9. Election Campaign Trust Fund Contribut            |  |  |               |  | .00 May Be<br>ed to Fees                       |                                       |                                       |                            |                           |
| 10.   | OFFICERS AND   | DIRECTORS  | 11.           |  | ADDITIONS/                                     | CHANGES TO OFF                        | ICERS AN                              | D DIRECTORS                | S IN 11                   |
| TITLE   | VPSD   | ☐ Delete   | TITLE         | VPI  |  |                                       |                                       | Change                     | Addition                  |
| NAME  | COLON, JESUS   |  | NAME          | Сою  | n, JESUS                                       | ,,,,,,                                |                                       | <i>,</i> `                 |                           |
| STREET ADDRESS  | 1234 HWY 17/92   |  |               | 1 .  |  | N 17-92N                              |                                       |                            |                           |
| CITY-ST-ZIP   | HAINES CITY, FL. 33844   |  | CITY-ST       | Hai  | <u>nes Cit</u>                                 | Y, FI 338                             | 44                                    |                            |                           |
| TITLE   | PTD COLON LUISA  | ☐ Delete   | TITLE         | -  | oN, Luis                                       | ص                                     |                                       | Change                     | ☐ Addition                |
| name<br>Street address  | COLON, LUISA<br>1234 HWY 17/92                                       |  | NAME          |  |  | 77.92 x                               | J                                     |                            |                           |
| CITY-ST-ZIP   | HAINES CITY, FL 33844  |  | CITY-SI       | 1  | · .  |                                       |                                       |                            |                           |
| TITLE   | S  | ☐ Delete   | TITLE         | Hai  | nes Cit  | -y , F1 338                           | 544                                   | - Chassa                   | T Addition                |
| NAME  | FORTY, NOEMI   | LJ DEBEG   | NAME          | 1  | for an   | 001101                                | er et er                              | Change                     | Addition                  |
| STREET ADDRESS  | 115 DORCHESTER CT  |  |               | ADDRESS  | 02/29Z   | <b>/0.1.1.9.1.</b><br>/0801009-       | ₩ <b>₩</b> ₩                          | ***70.00                   |                           |
| CITY-ST-ZIP   | KISSIMMEE, FL 34758  |  | CITY-ST       | T- ZIP   | OE, Ear  | 00 01000                              | OLI                                   | ******************         |                           |
| TITLE   | Т  | ☐ Delete   | TITLE         |  |  |                                       |                                       | Change                     | Addition                  |
| NAME  | RIVERA, JOSE M   |  | NAME          |  |  |                                       |                                       |                            |                           |
| STREET ADDRESS  | 161 AUREVIA CT   |  |               | ADDRESS .  |  |                                       |                                       |                            |                           |
| CITY-ST-ZIP   | KISSIMMEE, FL 34758  |  | CITY-ST       | T- ZIP   |  |                                       |                                       |                            |                           |
| TITLE<br>NAME   |  | ☐ Delete   | TITLE<br>NAME |  |  |                                       |                                       | ☐ Change                   | Addition                  |
| STREET ADDRESS  |  |  | •             | ADDRESS .  |  |                                       |                                       |                            |                           |
| CITY-ST-ZIP   |  |  | CITY-SI       |  |  |                                       |                                       |                            |                           |
| TITLE   |  | ↑ □ Delete   | TITLE         |  |  |                                       | · · · · · · · · · · · · · · · · · · · | ☐ Change                   | Addition                  |
| NAME  |  | 0 1001 16  | NAME          |  |  |                                       |                                       |                            |                           |
| STREET ADDRESS  | 1  | かみしんの  | 4             | ADDRESS  |  |                                       |                                       |                            |                           |
| CITY-ST-ZIP   | <u> </u>   | 1 - 1 - 1 00   | CITY-SI       |  |  | · · · · · · · · · · · · · · · · · · · |                                       | ,                          |                           |
| <b>12.</b> Thereby c  | certify that the information supplied with                           | this filing does not qualify for                     | the exem      | ptions contained                                   | in Chapter 119                                 | , Florida Statutes. I                 | further cer                           | tify that the in           | formation                 |

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.

CICMATIDE. A MININE