2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000018844 01-31-2005 90055 013 ***150.00 1. Entity Name HOMESTEAD AUTO CENTER INC. Principal Place of Business Mailing Address PPUUJAUA 11215 SW 30TH ST MIAMI FL 33165 11215 SW 30TH ST MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number 20-0678480 City & State City & State Applied For Not Applicable Country Ζip 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 Name ZABALA, LUIS Street Address (P.O. Box Number is Not Acceptable) 11215 SW 30TH ST **MIAMI FL 33165** City Zip Code 9. 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) * FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE ☐ Delete TITLE NAME ZABALA, LUIS NAME 11215 SW 30TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 ary-st-zip TILLE Delete DILE ☐ Change ☐ Addition DIAZ, ELIO NAME STREET ACCRESS 11215 SW 30TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP TITLE Delete TUDE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZP TITLE Delete TITLE Change Addillon 🔲 NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/14-21-2P CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition NUE NAME STREET ADORESS STREET ADDRESS CITY-ST-71P 12. I hereby certify that the information supplied with this filting 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 eath; 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 attachpying with an address, with all other like empowered. SIGNATURE:

FILED Mar 03, 2005 8:00 am