## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000031811

FILED Sep 06, 2005 Secretary of State

| Entity Nam  | ie: DIXIE CHE  | VROLET, INC.                         |   |  |  |
|---|--|--------------------------------------|---|--|--|
| Current Pr  | incipal Place o  | of Business:                         | New Principal Place                         | New Principal Place of Business:             |  |
| 16454 SE H<br>P.O. BOX 4<br>CROSS CIT   |  |                                      |   |  |  |
| Current Mailing Address:  |  |                                      | New Mailing Addres                          | New Mailing Address:                         |  |
| 16454 SE H<br>P.O. BOX 4<br>CROSS CIT   |  |                                      |   |  |  |
| FEI Number:   | 20-0722627   | 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: |  |                                      |   |  |  |
| 4300 N. UN<br>SUITE D-10<br>LAUDERHI<br>The above I                                     | LL, FL 33351 I   | /E<br>JS                             | urpose of changing its registere            | ed office or registered agent, or both,      |  |
| in the State  | of Florida.  |                                      |   |  |  |
| SIGNATUR  |  | Signature of Registered Ager         | nt  | <br>Date                                     |  |
| In accordanc  |  | 2)(b), F.S., the corporation did not |   | Date   |  |
|   |  | Trust Fund Contribution ( ).         | receive the phor notice.                    |  |  |
| OFFICERS AND DIRECTORS:   |  |                                      | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PTD () D<br>VALDES, OSCAR<br>5500 SW 62 AVE<br>MIAMI, FL 33155 |                                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPS () C<br>FURLO, KATHY C<br>P.O. BOX 185<br>O'BRIEN, FL 320  |                                      | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: OSCAR VALDES PTD 09/06/2005