2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P04000054817

Entity Name: AUTO'S BEST, INC.

Current Principal Place of Business:

1845 OAKMONT AVE
SUITE 1
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1502 N HERCULES AVE.
CLEARWATER, FL 33765

Current Mailing Address:

1845 OAKMONT AVE
SUITE 1
TARPON SPRINGS, FL 34689

New Mailing Address:

1502 N HERCULES AVE.
CLEARWATER, FL 33765

FEI Number: 20-0938395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORTES, JOSE O
2719 11TH CT.
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: CORTES, JOSE O
Address: 2719 11TH CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: VP ( ) Delete
Name: CORTES, JEANETTE
Address: 2719 11TH CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: SEC ( ) Delete
Name: CORTES, JEANETTE
Address: 2719 11TH CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: TRES ( ) Delete
Name: CORTES, JOSE O
Address: 2719 11TH CT.
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 ORLANDO CORTES P 04/01/2008

Electronic Signature of Signing Officer or Director — Date