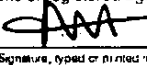
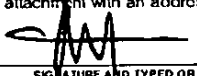


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-11-2007 90073 020 ***150.00
08-16-2007 90015 045 ***408.75

DOCUMENT # P04000096975 1. Entity Name KESSLER AUTO GROUP, INC.					
Principal Place of Business 2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162 2030 NE 155th St			Mailing Address 2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. NO MIAMI BEACH			Suite, Apt. #, etc. FL		
City & State 			City & State 		
Zip 33162		Country DADE		Zip 33162	
Country USA		4. FEI Number 43-2056829			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent KESSLER, ALICE 2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 					
(NOTE: Registered Agent signature not required when submitting by mail)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ST	NAME KESSLER, ALICE		☐ Delete		
STREET ADDRESS 2030 NE 155TH STREET	CITY, ST, ZIP NORTH MIAMI BEACH FL 33162		☐ Change ☐ Addition		
TITLE PD	NAME KESSLER, STEVEN		☐ Delete		
STREET ADDRESS 2030 NE 155TH STREET	CITY, ST, ZIP NORTH MIAMI BEACH FL 33162		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY, ST, ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY, ST, ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY, ST, ZIP 		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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.					
SIGNATURE: 			STEVEN KESSLER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/20/07		
			Day(s) & Phone # 305 949 4100		