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	Mailing Address
2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162	2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162

2030 NE 155th ST

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

1st MOORE CR2E034 (10/06)

4. FEI Number 43-2056829 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY ST ZIP	ST KESSLER, ALICE 2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD KESSLER, STEVEN 2030 NE 155TH STREET NORTH MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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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: [signature] STEVEN KESSLER 5/20/07 305 949 4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #