

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101768

Entity Name: SRS AUTO SALES CORP

FILED  
Apr 18, 2007  
Secretary of State

## Current Principal Place of Business:

490 EAST 53RD STREET  
HIALEAH, FL 33013 US

## New Principal Place of Business:

## Current Mailing Address:

490 EAST 53RD STREET  
HIALEAH, FL 33013 US

## New Mailing Address:

FEI Number: 20-1347500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARDINAS, RAUL  
490 E 53RD ST  
HIALEAH, FL 33013 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: SARDINAS, SAUL  
Address: 881 S.E. 8TH AVENUE  
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete  
Name: SARDINAS, RAUL  
Address: 490 E 53RD STREET  
City-St-Zip: HIALEAH, FL 33013

Title: TR ( ) Delete  
Name: PADRON, MARCELINO  
Address: 7945 W 31 CT  
City-St-Zip: HIALEAH, FL 33018

Title: SC ( ) Delete  
Name: PADRON, ELIZABETH  
Address: 881 SE 8 AVE  
City-St-Zip: HIALEAH, FL 33010

## 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 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: SAUL SARDINAS

PS

04/18/2007

Electronic Signature of Signing Officer or Director

Date