~ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000111440

1. Eptity Name

PAGÁN AUTO SALES CORPORATION



FILED
May 02, 2006 08:00 AN
Secretary of State

Principal Place of Business

4701 SW 45 ST BLDG 3 BAY 14 DAVIE, FL 33314 Mailing Address

13762 W SR 84, #211 Davie, FL 33325



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 04282006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For

 20-1422643
 Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

PAGAN, RAFAEL 13762 W STATE ROAD 84 APT 211 DAVIE, FL 33325

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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, typed or printed name of registered agent and into it applicable (NOTE Registered | | | | required when reinstalling) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | ing 🗆 | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PAGAN, RAFAEL 13762 W STATE ROAD 84 APT 211 DAVIE1, FL 33325 | | | | U00000558813 05/17/06-80112-009 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ | | | 05/17/06-80112-009 150.00 | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | | | | | | |

for game and typed or printed name of signing officer or director