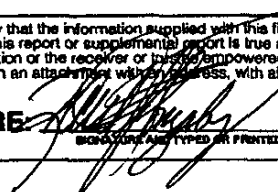


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 JUL 12 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000170438			
1. Entity Name IMPORT AUTO OPTIONS, INC.			
Principal Place of Business 5638 RYWOOD DRIVE ORLANDO, FL 32810		Mailing Address 5638 RYWOOD DRIVE ORLANDO, FL 32810	
2. Principal Place of Business		3. Mailing Address 600 S. North Lake Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 160	
City & State		City & State Altamonte Springs, FL	
Zip	Country	Zip	Country
32701	USA	32701	USA
4. FEI Number 51-0531483		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRIEDMAN, MARTIN S ESQ ROSE SUNDSTROM & BENTLEY LLP 600 S NORTH LAKE BLVD STE 160 ALTAMONTE SPRINGS, FL 32701		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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, RAUL A	NAME	100057855251
STREET ADDRESS	5638 RYWOOD DRIVE	STREET ADDRESS	07/25/05--01081--018 **150.00
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JULIE A	NAME	
STREET ADDRESS	5638 RYWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FELIX APONTE	NAME	
STREET ADDRESS	P.O. Box 770848	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32877	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other like empowered.			
SIGNATURE 		RAUL A. GONZALEZ Date 7-9-05 Daytime Phone 407-761-4033	