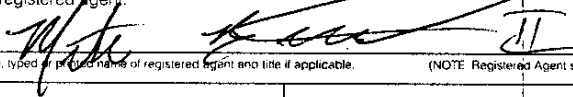


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 049 ***150.00

DOCUMENT # P05000000186 1. Entity Name HERNANDO AUTO BROKERS, INC.																													
Principal Place of Business 16414 CORTEZ BOULEVARD BROOKSVILLE, FL 34013			Mailing Address 16414 CORTEZ BOULEVARD BROOKSVILLE, FL 34013																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip 34601	Country	Zip 34601	Country	01162006 Chg-P CR2E034 (11/05) 4. FEI Number 59-3793328																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Michael A. Bissacco II Street Address (P.O. Box Number is Not Acceptable) 16414 Cortez Blvd. City Brooksville FL 34601																										
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  DATE 1-19-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BISSACCO, MICHAEL A II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16414 CORTEZ BOULEVARD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BROOKSVILLE, FL 34613</td> <td></td> </tr> </table>			TITLE	PSTD	☐ Delete	NAME	BISSACCO, MICHAEL A II		STREET ADDRESS	16414 CORTEZ BOULEVARD		CITY - ST - ZIP	BROOKSVILLE, FL 34613		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Brooksville FL 34601</td> <td></td> </tr> </table>			TITLE		☒ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP	Brooksville FL 34601	
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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.																													
SIGNATURE: 				Date 1-19-06 Daytime Phone # (352) 544-8000																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																													