

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000003262 1. Entity Name MOWRY AUTO CENTER, INC.	
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Principal Place of Business 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030	Mailing Address 777 WEST MOWRY DRIVE HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE

FILED
2008 Oct -2 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2145229	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZACARIAS, JORGE D
777 WEST MOWRY DRIVE
HOMESTEAD, FL 33030

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

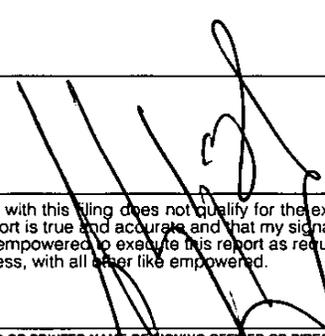
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	ZACARIAS, JORGE D
STREET ADDRESS	777 WEST MOWRY DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	P
NAME	ZACARIAS, NORVIN
STREET ADDRESS	777 WEST MOWRY DRIVE
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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300136618783
10/03/08--01054--018 **150.00

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: **09/29/08** Daytime Phone #: **305 2420090**