

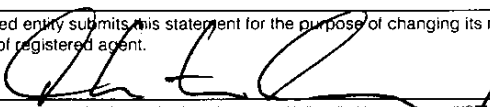
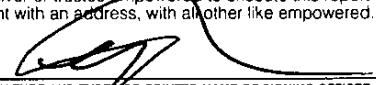


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000016942 1. Entity Name NATIONAL AUTO SALES OF JAX, INC.						FILED 07 SEP 17 PM 2:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5248 RICKER ROAD JACKSONVILLE, FL 32210				Mailing Address 5248 RICKER ROAD JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1725 Oakhurst Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc. 400					
City & State Jacksonville, FL		City & State Jacksonville, FL					
Zip 32208		Country USA		4. FEI Number 56-2497211		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09142007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent HAFEZ, EHAB 7934 ORTEGA BLUFF PARKWAY JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name Prosperity Accounting & Business Street Address (P.O. Box Number is Not Acceptable) 1725 Oakhurst Ave # 400 City Jacksonville FL Zip Code 32208			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 9-14-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D <input type="checkbox"/> Delete NAME HAFEZ, EHAB STREET ADDRESS 7934 ORTEGA BLUFF PARKWAY CITY-ST-ZIP JACKSONVILLE, FL 32244-58				TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Gawdat Hafez STREET ADDRESS 6440 Crimson Leaf Lane CITY-ST-ZIP Jax, FL 32244			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-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.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Sept 14, 2007 Daytime Phone # 904-655-6098			