2008 FOR PROFIT CORPORATION

FILED Anr 28. 2008 08:00 AN ate

ANNUAL KEPORT				Secretary of Sta			
DOCU 1. Entity Nam	MENT # P050001217				Secreta	ary of Sta	
SMITH'S	AUTO SALES, INC.						
Principal Place of Business 556 SW 16TH STREET BELLE GLADE, FL 33430 US Mailing Address 556 SW 16TH STREET BELLE GLADE, FL 33430 US			us			II #216 11861 III 186	II 8800 6900 6 100
	O NOT WRITE	IN THIS SPA	CE	04232008	No Chg-P	CR2E034 (*	
				20-341 5. Certificate	6470 of Status Desired		Not Applicable 75 Additional Required
·	6. Name and Address of Current Reg	islered Agent	The same of			7,12.,7	
SMITH, ARLEY G OWNER 556 SW 16TH STREET BELLE GLADE, FL 33430					NOT W		
			*	* (* . ! 54 a	<u>4. a 1.2333 .</u>	e hate the first is a	
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.							ar with, and accept
the amilianistic Alleganista addition							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			ed Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees		-	
10.	OFFICERS AND DIF	RECTORS		11 1	10 m 2 m 10 m 10 m 10 m 10 m 10 m 10 m 1	1%	
TITLE NAME STHEET ADDRESS C(TY-ST-ZIP	P SMITH, ARLEY G 556 SW 16TH STREET BELLE GLADE, FL 33430					0926510 t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-80069-01	14,150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-SI-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: U

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 24-08 561-985-0438