

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 010 ***150.00

DOCUMENT # P05000142782	
1. Entity Name	
AUTOMANIA INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1875 OLD ALABAMA ROAD, SUITE 640 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ROSWELL, GA		City & State	
Zip 30076-2264	Country	Zip	Country

4. FEI Number 20-3665090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ANDRES ESTRADA	
Street Address (P.O. Box Number is Not Acceptable) 6606 N. FLORIDA AVENUE	
City TAMPA	FL Zip Code 33604.6023

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  **ANDRES ESTRADA** **4/29/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANDRES ESTRADA 6606 N. FLORIDA AVE TAMPA, FL. 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS ANDRES ESTRADA 6606 N FLORIDA AVE TAMPA, FL. 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ANDRES ESTRADA** **4/29/2006** **(770) 992-2290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #