2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P06000032321** 04-06-2007 90048 006 ***208.95 1. Entity Name PRO SPIRIT AUTO SALES INC. 09-28-07 - - 01003 - - 007 \$110.00 09-28-07 - - 01003 - - 008 \$ 55.00 Mailing Address Principal Place of Business 1071 LITTLE RIVER DRIVE 1071 LITTLE RIVER DRIVE MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business - No P.O. Box 3. Mailing Address 1071 Little 717 OpA-Locks BluD Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) Applied For City & State 4, FEI Number (MIAMI Not Applicable COMPACE \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent JOHNSON, ELVIN 1071 LITTLE RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33150 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE Р ☐ Delete TITLE NAME LAMBERT, RODNEY NAME STREET ADDRESS STREET ADORESS 1071 LITTLE RIVER DRIVE CITY-ST-7IP MIAMI, FL 33150 CITY-ST-ZIP V President ANSEL GRAHAM RECORDS Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS 1071 Little River Dr. MiAnii PC, 33150 CITY-ST-ZIP CTTY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 outry 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. 523 6419 SIGNATURE:

FILED