2007 FOR PROFIT CORPORATION

3. Mailing Address

ANNUAL REPORT DOCUMENT # P06000052420 A G GENERAL AUTO ENTERPRISES, INC.

Principal Place of Business

540 N STATE ROAD 434 #6

ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business - No P.O. Box #



**150.00

REPORT	A110N		Secretary of						
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INC.									
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Zip	Country	5. Certificate of Status Desired	□ \$8.75 Fee Re						
istered Agent		7. Name and Address of New	Registered Agent						

Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.		**	05042007	CI	hg-P	CR2E03	4 (12/06)			
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	6. Name	and Address of Curren	! It Registered Agen	nt .		7. Name and Address of New Registered Agent							
			<u> </u>	<u> </u>	Name			-		a Ainterer	JO: N		
GUOBADI	A, BAMID	ELE N 🤼											
743 KENTSTOWN CT				Street A	Street Address (P.O. Box Number is Not Acceptable)								
WINTER SPRINGS, FL 32708				-					*				
		***			City					FL	Zip Cod	e	
	named entit	y submits this statement f	for the purpose of r	-banaina ita ra	- interest office or	- *>>iolor:		- 14 - 14 - 15 -	· C/ El-		200		
the obligati	tions of regist	y subjims this statement i tered agent.	or the purpose of a	manging its re	gistered office of	regisiere	ad agent, or bu	oth, in the	a State of Fig.	rida. I am ia	miliar with,	and accept	
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SIGNATURE_	Circusture broad	or printed name of registered agen	dida if an ibanda	91077 B									
	Signature, typeu	or printed name or registered agen	A and the if appacable.	(NU15: H	legistered Agent signatu	nue tediniteia i	when reinstating)			DATE		,	
eu.	- NOW		9 Etaci	tion Campaign	Ficanciae	ec.	^^	1					
		FEE IS \$150.00 otember 14, 2007		tion Campaign It Fund Contrib			00 May Be ed to Fees	In ac	cordance w	rith s. 607.1	93(2)(b), F.S., the the prior notice.		
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10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS	CHANC	GES TO OFFI	CERS AND D	IRECTOR:	S IN 11	
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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 supplied final 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 vustee 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR