

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 045 ***150.00

DOCUMENT # P06000095393 1. Entity Name NET ONE AUTOS, INC			
Principal Place of Business 7738 W HILLSBOROUGH AVE TAMPA, FL 33615 US		Mailing Address 7738 W HILLSBOROUGH AVE TAMPA, FL 33615 US	
2. Principal Place of Business - No P.O. Box # 8811 Sheldon Chase Dr		3. Mailing Address 8811 Sheldon Chase Drive	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33635		Zip 33635	
Country 		Country 	
4. FEI Number 20-5229895		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHALHOOB, RAED 7738 W HILLSBOROUGH AVE TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Shalhoob, Raed Street Address (P.O. Box Number is Not Acceptable) 8811 Sheldon Chase Drive City Tampa FL Zip Code 33635	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHALHOOB, RAED 7738 W HILLSBOROUGH AVE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8811 Sheldon Chase Drive Tampa, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>R. H. Shalhoob</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/18/07</u> Daytime Phone # _____	