
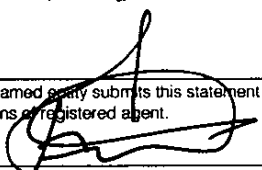
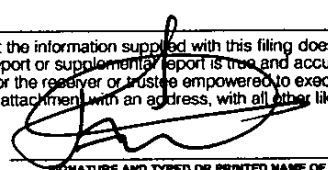


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90108 046 ***150.00

DOCUMENT # P06000097879 1. Entity Name FERNANDO AUTO SALES CORP																													
Principal Place of Business 1109 ANGIE ROAD FT. PIERCE, FL 34947			Mailing Address 1109 ANGIE ROAD FT. PIERCE, FL 34947																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-5261482 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 RODRIGUEZ, FERNANDO 792 SW MONSOON RD PORT ST LUCIE, FL 34983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34953																										
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: 1/17/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, FERNANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>792 SW MONSOON RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT ST LUCIE, FL 34983</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, FERNANDO		STREET ADDRESS	792 SW MONSOON RD.		CITY-ST-ZIP	PORT ST LUCIE, FL 34983		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P/SIT/D</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>34953</td> <td></td> </tr> </table>			TITLE	P/SIT/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP	34953	
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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 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:  DATE: 1/17/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													