## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Auto Export Services INC.  Of AUG 16 AH 8: 00  SECTEMARY CF STAT  TALLAHASSE FLORIDA  SECTION 68 ST  INCLAHASSE FLORIDA	DOCUMEN   # P06000148927   1. Entity Name					07 AUG 16 AM 8: 00					
SUID ADDRESS   SUID											
SUID ADDRESS   SUID	Principal Place	e of Business	Mailing Address	Mailing Address			SECRETARY OF STATE				
Suite. Apr. #. etc.    Suite. Apr. #. etc.   Suite. Apr. #. etc.   Suite. Apr. #. etc.   Suite. Apr. #. etc.   Suite. Apr. #. etc.   Suite. Apr. #. etc.   Suite. Apr. #. etc.   A . FEI Number							TALLAHAS	iSt.t. FL	.ONIDA		
City & State  Country  Country  A PERVamber  A PERVamber  A PERVamber  Set of Address of Current Registered Agent  A PERVamber  For Registered Agent  Name  A PERVamber  A PERVamber  State Address of Current Registered Agent  Name  A PERVamber  A PERVamber  For Registered Agent  Name  A PERVamber  A PERVamber  For Registered Agent  Name  A PERVAMBER  State Address of Pic D. Sox Number in Nat Acceptable)  Name  City  FL Zo Code  A PERVAMBER  State Address of Pic D. Sox Number in Nat Acceptable)  A PERVAMBER  State Address of Pic D. Sox Number in Nat Acceptable)  A PERVAMBER  STATE ADDRESS  FILE NOWITH FEE 19 \$150.00  Due by September 14, 2007  To Company  A PERVAMBER  Defend Transport representation of Pic Defended Agent A	Principal Place of Business - No P.O. Box #     3. Mailing Address										
Second Address of Current Registered Agent   Name   Name   Address of Current Registered Agent   Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			08152007	Chg-P	CR2E03	34 (12/06)		
S. Settle Moders  For Regulatories Agent  T. Name and Address of New Registered Agent  Name ALFCE O. P. MATH Street Address (P.O. Box Number is Not Acceptable)  Name ALFCE O. P. MATH Street Address (P.O. Box Number is Not Acceptable)  Name ALFCE O. P. MATH Street Address (P.O. Box Number is Not Acceptable)  Name ALFCE O. P. MATH Street Address (P.O. Box Number is Not Acceptable)  Name Name Name Name Name Name Name Nam	City & State	9	City & State			4. FEI Numb	43493	06	<del></del>		
MATAR ALFRED 9311 SW 88 TERR MIAMI, FL 33176  City  City  FL  City  FL  Zip Code  City	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  THE BUAL PROPERTY MAKE STEEN ADDITIONS CHANGES TO OFFICERS AND DIRECT		6. Name and Address of Current	Registered Agent		· · · · · <u>·</u>		Address of New	Registered A	gent		
8. The above named criting submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Protide. I am familier with, and accept the citingstores of registering from the citing	· · · · · · · · · · · · · · · · · · ·				Altredo R. MATAR						
8. The above named ontily submits this stategyery to probuipose of changing its registered affice or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered sperit, or both, in the State of Florida. I an familiar with, and accept the obligations of registered sperit special or problems of the problems of the obligations of registered agent, or both, in the State of Florida.    FILE NOWINT FEE IS \$150.00	MIAMI, FL	33176			<u></u>						
the obligations of registrates signet.  SIGNATURE    Signatur, look or former name of registrates again that the it againstable. (POTE Registrate Agent signature required when references)    PILE NOWITI   FEE IS \$150.00			1	City				FL	Zip Code	;	
SIGNATURE  Symmetry, larget in format common of registered agent and site if applications.  PILE NOWILL FEE IS \$150.00  Due by September 14, 2007  PURISH FILE NOWILL FEE IS \$150.00  Due by September 14, 2007  Trust Fund Contribution.  Defences And DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME  DP  CALDERON, ADRIAN J  SIRET ADDRESS  CITY-51-2P  MIAMI, FL 33186  Defence  TIME  MAKE  SIRET ADDRESS  CITY-51-2P  TIME  Defence  TIME  MAKE SIRET ADDRESS  CITY-51-2P  TIME MAKE SIRET ADDRESS  CITY-51-2P  TIM	8. The above	named entity submits this statement to	or the purpose of changing its re	egistered office	e or register	red agent, or bo	th, in the State of F	lorida. I am f	amiliar with, a	and accept	
FILE NOWILI FEE IS \$150.00 Due by September 14, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE DP CALDERON, ADRIAN J STREET ADDRESS CITY-ST-2P  TITLE MAKE STREET ADDRESS CITY	SIGNATURE 81507										
Trust Fund Contribution	Ordin ( C. C.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered Agent s	signature required	t when reinstating)		DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	1122 11011111 1 22 10 4 104 104				19 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., corporation did not receive the prior notice						
NAME SIRET ADDRESS CITY-ST-2P  TITLE SIRET ADD	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF			IN 11	
TITLE   Delete   TITLE   MAME   MAME   SIRET ADDRESS   CITY-SIT-ZIP   Delete   TITLE   MAME   SIRET ADDRESS   CITY-SIT-ZIP   Delete   TITLE   MAME   MAME   MAME   MAME   SIRET ADDRESS   CITY-SIT-ZIP   Delete   MAME   SIRET ADDRESS   CITY-SIT-ZIP   Delete   MAME   MAME   SIRET ADDRESS   CITY-SIT-ZIP   Delete   MAME	NAME STREET ADDRESS	CALDERON, ADRIAN J 13931 SW 93 LN	☐ Delete	NAME Street Addr	ESS	08 <b>7</b> 81	7 <b>7-1</b> 851			<del></del>	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET A	TITLE NAME		☐ Delete	NAME	ESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP  TITLE	CITY-ST-ZIP			CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET	NAME Street address		Delete	NAME STREET ADDR	ESS				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby 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 adcurate and that my signature shall have the same legal effect as if made under cath; 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 attractument with an address, with lat/other/like empowered.  SIGNATURE:	NAME Street address		☐ Delete	NAME STREET ADDR					Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby 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 adcurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee ampowered/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:	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDR	ı				☐ Change	Addition	
12. I hereby 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 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:	NAME STREET ADDRESS CITY-ST-ZEP		( /	NAME Street addr City-St-Zip							
	12. I hereby indicated of the co-	certify that the information supplied wid on this report or supplemental report reporation or the receiper or trustee drift, or on an attachment with an address	th this filling does not qualify for is true and accurate and that movement to execute this report a with allyother/like empowered.	the exemption of the ex	ons containe nall have the / Chapter 60	d in Chapter 11 same legal effe 17, Florida Statu	<ol> <li>Florida Statutes of as if made under es; and that my na</li> </ol>	, I further cert ir cath; that I a ime appears i	tify that the ir am an officer in Block 10 or	nformation or director r Block 11 if	
	SIGNAT	FURE: SIGNATURE AND TYPED OF	PRINTED NAME OF BIGNING OFFICER OF	OR DIRECTOR	<u> </u>	8-15-0				<u> </u>	