## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 23, 2008 8:00 am Secretary of State 05-27-2008 90361 001 \*\*\*300.00

DOCUMENT # P07000123063  1. Entity Name EVERYTHING/IMPORTS AUTO SALES, INC.						03-27-20	00 90301 001	300.00	
Principal Place of Business		Mailing Address	Mailing Address						
11901 SW 144 COURT #3 MIAMI, FL 33186		11901 SW 144 COURT #3 MIAMI, FL 33186							
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			05162008	Chg-P	CR2E034 (12/0	16)	
City & State		City & State			4. FEI Numb 26-14	16715		Applied For Not Applicable	
Zip	Country	Zip Cou		γ .	5. Certificate	of Status Desired	□ \$8.75 / Fee Requ	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MONSALVE, FRANK			L						
11901 SW MIAMI, FL	144 COURT #3 33186		Street Address		(P.O. Box Num)	er is Not Acceptabl	(e)		
				City			FL Zip C	>oda	
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 Porida. I am famillar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed herre of registered agent and little if applicable. (NOTE: Registered Agent signature required when remastering)  OATE									
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Financing \$5.00  Trust Fund Contribution.   Added to						In accordance corporation did	with s. 607.193(2)(t not receive the pric	b), F.S., the or notice.	
			11.		ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTO		
TITLE			NAME				Chang	ge 🔲 Addition	
STREET ADDRESS CITY-SI-ZIP	SS 11901 SW 144 COURT #3		STREET Criv-S	T ADDRESS ST-ZIP					
TITLE	s	☐ Delete	mu				☐ Chang	P Addilion	
NAME STREET ADDRESS	11901 SW 144 COURT #3		NAME	ADORESS					
CITY-ST-ZIP			CITY-S						
TITLE	D CALLINA CARLOS	C Ociete	TITLE				Chang	pe Addition	
STREET ADDRESS	GALLINA, CARLOS 11901 SW 144 COURT #3		MAA/E STREET	ADDRESS					
We So de	MIAMI, FL 33186		CITY-S	61-26P	<u></u>		····		
IIILE NAME		☐ Delate	TITLE				Chang	P Addition	
STREET ADURESS				T ADDRESS					
CIV ST 2'P		<u> </u>	an-s	11-21P					
TITLE MAME		☐ Delats	TILLE				Chang	pe 🗌 Addition	
STREET ADDRESS				ADORESS					
CITY-ST-ZIP		5	ar-s	SI-ZIP					
NAME		C Delete	HALLE				Chang	e 🗌 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS 11-212					
12. I hereby	cartify that the information supplied wit	h this filing does not qualify fo	or the exen	nptions contained	in Chapter 11	, Florida Statutes. I	further certify that the	e information	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal affect as it made under cett; that it 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 harne appears in Block 10 or Block 11 if changed, or on an attachment with an address, with pill other tike empowered.									
		h am-	n lle			stile		. }	
SIGNATURE - Des CONTROL NAME OF BIONISIO OFFICER OR DIRECTOR DES DESCRIPTION 9									