2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P93000021205 Jan 24, 2007 08:00 AN 1. Entity Name **Secretary of State** FLORIDA AUTO, INC. Principal Place of Business Malling Address 1615 FLA-GA HWY 1615 FLA-GA HWY HAVANA FL 32333 _ HAVANA FL 32333 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3167080 Not Applicable Zin Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FARSI, EZZATOLLAH Street Address (P.O. Box Number is Not Acceptable) 1615 FLA-GA HWY HAVANA FL 32333 Zip Code City 8. The above named chilty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 🐧 am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or public hame of registered agent and title r applicable (NOTE, Registered Ament signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. 11[[[☐ Delete 1188 Change ☐ Addition FARSI, EZZATOLLAH NAME NAME RT 1 BOX 1350 U000000601674 STREET ADDRESS SIRELI ADDRESS HAVANA FL 32333 01/26/07-80060-006 150.00 CITY ST ZIP CHY SI /IP ☐ Defete Change HHE BBI Addition MAME NAME SINET LADDRESS SHELL ADDRESS CITY ST 70P CITY SEZIP TITLE ☐ Delete 11715 Chartoe ☐ Addition NAME NAME STREET ADDRESS SIRELI ADDRESS CITY ST-71P CITY ST ZIP ☐ Addition HHE Defete 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 7IP CITY ST ZIP ☐ Defete HH ☐ Chapma Addition NAME NAM STREET ADDRESS SHEET ADDRESS CHY SI ZIP CITY - ST - 78P Delete Hit Change Change Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CHY SI ZIP CITY-ST 7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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:

CAMPTURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR

1/22/07

850-562=7466

Daytime Phone #