2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

MORALES, JORGE L STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 ITILE D MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P93000029449 1. Entity Name CUBANEYES AUTO SALES CORP.					Secretary of State 01-14-2008 90098 043 ***150.00			
1880 W 41ST 13012 US	Principal Place of Business Mailing Address				400	, - -			
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S. Celtracticate of Status Desired 6. Name and Address of Current Registrared Agent 7. Name and Address of New Registrared Agent Name Scott A. Mark P. Celt	City & State				4. FEI Number			·	
MORALES, JOREE L SORGE JUIS Name	Zip	Country		Country	5. Certificate	of Status Desired			
MORALES, JOREE L TORGUE JUIS Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable obligations of registaged agent. 9. City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the boligations of registaged agent. 9. City FL Zip Code City FL Zip City Florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city florida. I am familiar with, and acceptable of city floridation. City FL Zip City flori		6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
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The reby centry that the information supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. Truther certify that I am an officer or director indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-08

ale

Daytime Phone #