2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P94000017474

1. Entity Name

AUTÓ AND GENERAL INC.



Principal Place of Business

235 NW 27 AVE FORT LAUDERDALE, FL 33311 Mailing Address

773 NE 39 STREET OAKLAND PARK, FL 33334

FILED Jul 19, 2007 08:00 AM Secretary of State



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07162007 No Chg-P CR2E034 (11/05)

4. EEI Number 65-0471471

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAGLAL, DEODATT 773 NE 39 STREET OAKLAND PARK, FL 33334

OAKLAND PARK, FL 33334

OAKLAND PARK, FL 33334

JAGLAL, SANJEEV

773 NE 39 STREET

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAVE

MARIE STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-DP THEE NAME STREET ADDRESS

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SIGNATURE									
	Signature, typed or printed name of registered agent and tr	le if applicable	(NOTE, Registered Age	ent signature	required when reinstating)	DATE			
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	1	n Campaign Financin und Contribution.	g 🗆	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIR	ECTORS		***************************************					
THTLE NAME STREET ADDRESS CIFY -ST -ZIP	P JAGLAL, DEODATT 773 NE 39 STREET OAKLAND PARK, FL 33334								
TITLE Name Street address	V JAGLAL, NIRUPA S 773 NE 39 STREET					U00000769512 07/19/07-80004-003 150.00			

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

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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 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: Treadat Carlo	d	4.16-07	
ENGRIATURE AND TYPED OR PRINTED NAME OF SIG	INING OFFICER OR DIRECTOR	Date	Daytime Phone #