2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024255

Entity Name: MID AUTO SERVICES, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8901 SW 129TH TERRACE 9959 BANYAN STREET MIAMI, FL 33176 9959 BANYAN STREET MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

8901 SW 129TH TERRACE 9959 BANYAN STREET MIAMI, FL 33176 9959 BANYAN STREET MIAMI, FL 33157

FEI Number: 65-0482354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ITURRALDE, LEONEL A
8901 SW 129TH TERRACE
MIAMI, FL 33176 US
FRISHMAN, LEONARD A
P O BOX 0326
CRYSTAL RIVER, FL 34423 US

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.

SIGNATURE: LEONARD FRISHMAN 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTDS () Delete Title: PTDS (X) Change () Addition Name: ITURRALDE, LEONEL A Name: ITURRALDE, LEONEL A

 Address:
 8901 S.W. 129 TERR.
 Address:
 9959 BANYAN STREET

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33157

Title: VP (X) Delete Title: () Change () Addition

 Name:
 FIGUEROA, WILLIAM
 Name:

 Address:
 560 E. 42ND ST.
 Address:

 City-St-Zip:
 HIALEAH, FL 33013
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 GARCIA, JESUS
 Name:

 Address:
 141 NW 136TH CT
 Address:

 City-St-Zip:
 MIAMI, FL 33182
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 TORRES, HAROLD
 Name:

 Address:
 10790 SW 88 STREET, C4
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONEL A. ITURRALDE PTDS 04/26/2005