2006 POR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

TWO S BISCAYNE BLVD

MIAMI. FL 33131

Suite, Apt. #, etc.

3. Mailing Address

City & State

ONE BISCAYNE TOWER SUITE 3400

9. Election Campaign Financing

Trust Fund Contribution.

☐ Detete

☐ Delete

☐ Delete

☐ Detete

☐ Delete

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400

2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400

2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400

DOCUMENT # P94000051509

VALDES-FAULI CORPORATE SERVICES INC

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

ZUCCOLILLO, ANTONIO

DE ZUCCOLILLO, GLADYS

ZUCCOLILLO, LORENA

ONE BISCAYNE TOWER SUITE 3400

1. Entity Name

Principal Place of Business

2. Principal Place of Business

TWO S BISCAYNE BLVD

the obligations of registered age

DP

MIAMI, FL

MIAMI, FL

MIAMI, FL

MIAMI, FL 33131

SIGNATURE.

10.

TITLE

NAME

TITLE

TITLE

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CATY-ST-7IP

ONE BISCAYNE TOWER SUITE 3400

TWO S BISCAYNE BLVD

MIAMI, FL 33131

Suite, Apt. #, etc.

City & State

COMMERCIAL AND INDUSTRIAL AUTOMOTORS, INC.



May 01, 2006 8:00 am Secretary of State

05-01-2006 90306 018 ***150.00

BLVD Wer suite 3400			4	00	7100	9					
				02212006	,	Chg-P		CR2E034 (11/05)			
				4. FEI Number 65-0551057							plied For t Applicable
Country			5. Certificate of Status Desired					\$8.75 Additional Fee Required			
	1			7. Name an	d Add	ress of Ne	w Reg	istered /	Agent		
	١	lame		GY Corp							
	5	Street Ad	idress (I	P.O. Box Numb	ber is N	lot Accepta	able)				
				2 S. B	isc	ayne E	Blvc	d., S			
City ng its registered office or registere				Miami				FL	<u> </u>		<u>3131 </u>
	Mar	rk J	Sc	heer. P			or Floric				and accept
(NOTE: R	legistered Ag	ent signatu	re required	when reinstating)				DATE	('	τ	
mpaign Contrib	n Financin ution.	g 🗆		00 May Be ed to Fees					•		
	11.			ADDITIONS	/CHA	IGES TO C	OFFICI	ERS AND	DIREC	TORS	IN 11
	TITLE NAME STREET AL CITY-ST-								☐ Cha	nge	Addition
	TITLE NAME STREET AL					<u> </u>			☐ Cha	nge	Addition
	TITLE NAME STREET AL CITY+ST-	- 1							☐ Cha	nge	Addition
	TITLE NAME STREET AL CITY-ST-						•		☐ Cha	nge	Addition

Change

■ Addition

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental 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 in 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 andress, with adother like empowered. 12. I hereby certify that the information of the corporation or the receiver changed, or on an attachment wi ANTONIO ZUCCULUO 376-6 au SIGNATURE: ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR