2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000020531 **DOCUMENT #**

1. Entity Name

SIGNATURE:

GTO REPAIR AND SALES, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90207 019 ***150.00

Principal Risco of Business Mailing Address				WE THE		
Sulley, Apt J. #. etc. Sulto, Apt J. #. etc. Sulto, Apt J. #. etc. Grey A State City A State City A State City A State City A State A. FFI Number 65-0577572 Applicable For Property of the Applicable State A. FFI Number 65-0577572 Next Appl	2222 NW 22 C P.O. BOX 4214 MIAMI FL 3314	2T 421	2222 NW 22 CT P.O. BOX 421421 MIAMI FL 33142			
City & State City & State of Florida Desired Agent City & State of Florida Liter familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agents agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agent agent, or both, in the State of Florida. I am familiar with, and accept the obligation of agent agent, or both, in the State of Florida Desire of Mark agent, and accept the obligation of agent agent, or both, in the State of Florida Desire of Mark agent, and accept the obligation of agent agent, or both, in the State of Florida Desire of Mark agent, and accept the obligation of agent agent, or both, in the State of Florida Desire of Mark agent, and accept the obligation of agent agent, or both, in the State of Florida	2. Principal P	Place of Business	3. Mailing Address			ER MORFFIN I FROEF MORFOL AFFINN EFINDE FILME FORME
Zip Country Zip Country 5. Cartificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAZQUEZ, CARLOS A 2222 KN 22 CT MIAMI FL 33142 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 obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. International Property of Plorida State of Plorida S	City & State		City & State		4. FEI Number 65-0577572	
Name	Zip	Country	Zip	Country	5. Certificate of Status Desired	
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City FL Zip Code				Street Address	s (P.O. Box Number is Not Acceptable)	,
City FL Zip Code						
B. 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 obligations of registered agent. SIGNATURE Signature Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when remained when remaining) DATE	MIAMI FL	33142				
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SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Milke Check Payable to Florida Department of State 10.			for the purpose of changing it	s registered office or regist	ered agent, or both, in the State of Florida	. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees	the obligat	lions of registered agent.		•		
FILE NOW!!! FEE IS \$150.00	SIGNATURE .	Signature, typed or printed pame of registered age	ant and title if applicable (NO	TF: Registered Agent signature requir	red when reinstating)	DATE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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.	indicated of the cor	on this report or supplemental report poration or the receiver or trystee gen	t is true and accurate and that powered to execute this repor	my signature shall have the t as required by Chapter 60	e same legal effect as if made under oath:	: that I am an officer or director