## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## -May 04, 2005 08:00 AM Secretary of State DOCUMENT # P95000062157 E & L AUTO BROKERS, INC. Principal Place of Business Mailing Address 14165 SW 139TH CT 14165 SW 139TH CT MIAMI, FL 33186 US MIAMI, FL 33186 US 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604548 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORRA, EGBERT A DO NOT WRITE 7390 SW 154 TERRACE MIAMI, FL 33157 IN THIS SPACE 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, INOTE Registered Agent signature required when reinstitting) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE GORRA, EGBERT A NAME 7390 SW 154 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 TITLE GORRA, EGBERT JR NAME U00000360760 US/05/05-80048-007 150.00 STREET ADDRESS 3901 SW 112TH AVE #19 CITY -ST- ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE STREET ADDRESS CITY-ST-ZIP 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 cath; 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED