

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 14, 2006
Secretary of State**

DOCUMENT# P96000069173

Entity Name: LEJEUNE AUTO WHOLESAL, INC.

Current Principal Place of Business:

709 NW LEJEUNE RD.
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

709 NW LEJEUNE RD.
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0687991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDIZABAL, NICOLAS O JR.
709 NW LEJEUNE RD.
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, ELOY JR.
Address: 709 NW LEJEUNE RD.
City-St-Zip: MIAMI, FL 33126

Title: TS () Delete
Name: GARCIA, JOSE R
Address: 420 SW 136 PLACE
City-St-Zip: MIAMI, FL 33184

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MENDIZABAL, ALEXIS
Address: 3895 NE 168 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NICOLAS MENDIZABAL

P

09/14/2006

Electronic Signature of Signing Officer or Director

Date