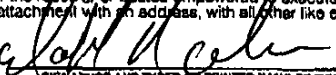


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90268 028 ***150.00

DOCUMENT # P96000097644																																		
1. Entity Name DASH AUTOMOTIVE, INCORPORATED																																		
Principal Place of Business 8610 CAUSEWAY BLVD TAMPA, FL 33619 US		Mailing Address 8610 CAUSEWAY BLVD TAMPA, FL 33619 US																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent DUCHESNE, DONALD R 8610 CAUSEWAY BLVD TAMPA, FL 33619		 04042005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3419944 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable																																
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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____																																		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DO NOT WRITE IN THIS SPACE																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>DUCHESNE, DONALD R</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8610 CAUSEWAY BLVD</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33619</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	PD	NAME	DUCHESNE, DONALD R	STREET ADDRESS	8610 CAUSEWAY BLVD	CITY - ST - ZIP	TAMPA, FL 33619	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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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.																																		
SIGNATURE:  4-25-05 813-620-3133 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																		