2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000044640 1. Entity Name ONE STOP AUTOMOTIVE, INC. Mailing Address Principal Place of Business 1621 BANKS ROAD 1621 BANKS ROAD MARGATE, FL 33063 MARGATE, FL 33063 No Chg-P CR2E034 (10/03) 04192005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0756495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHLEFSTEIN, LESLIE 9811 NW 24 ST CORAL SPRINGS, FL 33065 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 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. TITLE NAME SCHLEFSTEIN, LESLIE U00000323210 04/22/05-80045-004 150.00 STREET ADDRESS 9811 NW 24 ST CORAL SPRINGS, FL 33065 CITY - ST - ZIP IIILE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP

OFFICEROR DIRECTOR

FILED