## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) FILED** Apr 30, 2005 08:00 AN Secretary of State **DOCUMENT # P97000097581** 1. Entity Name SUPER SPORT AUTO BROKERS, INC. Mailing Address Principal Place of Business 4534 SAN SEBASTIAN CIR ORLANDO FL 32808 5621 EDGEWATER DR ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3483445 Not Applicable Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JULIO J Street Address (P.O. Box Number is Not Acceptable) 4534 SAN SEBASTIAN CR ORLANDO FL 32808 City Zip Code 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 Signature, typed or printed name of registered agent and little in applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PTD Change ☐ Addition HILE Delete Little 05/02/05-80060-020 150.00 PEREZ, JULIO JOSE NA M NAME STREET ADORESS 4534 SAN SEBASTIAN CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 City St-7IP ☐ Change Addition ☐ Delete TILLE TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete HILE ☐ Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIE Delete TOTALE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME MAM STREET ADDRESS STREET ADDRESS

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.

CiTY-S1-7/2

SIGNATURE:

CITY-ST ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.05