


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90104 012 ***150.00

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| DOCUMENT # P98000018629 |  |
| 1. Entity Name RAUL GARCIA AUTOMOTIVE, INC. | |

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| Principal Place of Business 200 S.W. 5TH COURT POMPANO BEACH FL 33060 | Mailing Address 200 S.W. 5TH COURT POMPANO BEACH FL 33060 |
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| 2. Principal Place of Business - No P.O. Box # 262 SW 5TH COURT | 3. Mailing Address 262 SW 5TH COURT |
| Suite, Apt. #, etc. 1 | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/06)

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|---|---|
| City & State POMPANO BEACH FL | City & State POMPANO BEACH FL |
| Zip 33060 | Country USA |

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| 4. FEI Number 65-0830165 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GARCIA, MARIANO ESQ. 1801 CENTRE PARK DR E SUITE 200 WEST PALM BEACH FL 33401 |
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| 7. Name and Address of New Registered Agent Name GARCIA MARIANO ESQ Street Address (P.O. Box Number is Not Acceptable) 1870 FOREST HILL BLVD. S. 203 6 City WEST PALM BEACH FL FL Zip Code 33406 |
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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST GARCIA, RAUL M 200 S.W. 5TH COURT POMPANO BEACH FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GARCIA, RAUL M 517 SOUTH FLAGLER AVE. #25 POMPANO BEACH FL 33060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 affidavit, with all other like empowered.

SIGNATURE: _____ **3-11-2007 (561) 901-8391**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #