2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90195 046 ***150.00

DOCUMENT # P99000016923

1. Entity Name

LEGEND AUTO SALES AND RENTAL, INC.

40082604

04282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5610 E. 8TH AVE. HIALEAH, FL 33013	5610 E. 8TH AVE. HIALEAH, FL 33013
2. Principal Place of Business: 1150 Beulah Rd	3. Mailing Address: c/o Lopez Accounting 1800 W. 49 St
Suite, Apt. #, etc.: —	Suite, Apt. #, etc.: 201
City & State: Winter Garden, FL.	City & State: Hialeah, Fl
Zip: 34787 Country: USA	Zip: 33012 Country: USA

4. FEI Number: 65-0897932 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONILLA, RAMONA A 1579 WEST 60TH ST. HIALEAH, FL 33012	Name: Bonilla, Ramon Street Address (P.O. Box Number is Not Acceptable): 1150 Beulah Rd. — City: Winter Garden FL Zip Code: 34787

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] Ramon Bonilla 4/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONILLA, RAMONA A 1579 W. 60TH ST. HIALEAH, FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bonilla Ramon 1150 Beulah Rd. Winter Garden, Fl. 34787	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Ramon Bonilla, Pres. 4/17/06 407-574-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #