2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023634

Entity Name: ELYS MAR AUTO SALES, INC.

QUETGLAS, SEBASTIAN

8311 N. GOMEZ ST.

TAMPA, FL 33614

Name: Address:

City-St-Zip:

FILED Feb 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6205 N. ARMENIA AVE. 6111 N. ARMENIA AVE TAMPA, FL 33604 TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 6205 N. ARMENIA AVE. 6111 N. ARMENIA AVE. TAMPA, FL 33604 TAMPA, FL 33604 FEI Number: 59-3564758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, MAIRA MARTINEZ, MAIRA 8311 N. GÓMEZ AVE 8311 N. GOMEZ AVE TAMPA, FL 33604 TAMPA, FL 33614 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. SIGNATURE: MAIRA MARTINEZ 02/08/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MARTINEZ, LUIS B Name: Name: 8311 N. GOMEZ ST. Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: Title: TS () Delete () Change () Addition Name: MARTINEZ, LUIS B Name: 8311 N. GOMEZ ST. Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MARTINEZ, MAIRA Name: Name: 8311 N. GOMEZ AVE. Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MAIRA MARTINEZ AGEN 02/08/2005