2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # P99000024331 A ONE FAMILY AUTO REPAIR INC. Principal Place of Business Mailing Address 1415 SE VILLAGE GREEN DRIVE 1415 SE VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34952 PORT ST LUCIE, FL 34952 CR2E034 (10/03) No Cha-P 04052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0899783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PEQUITO, LUIS LOPES 1601 SE HIGDON CT PORT ST LUCIE, FL 34952 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) t and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LOPEZ-PEQUITO, LUIS L NAME STREET ADDRESS 1601 SE HIGDON CT CITY-ST-ZIP PT ST LUCIE, FL 34952 Unnon0342235 29/05-80048-008 150.00 YITLE NAME NORBERTO-LOPES, MAUREEN STREET ADDRESS 1601 SE HIGDON CT PT ST LUCIE, FL 34952 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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)(7), 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 of 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED