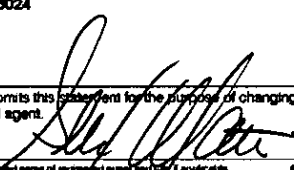
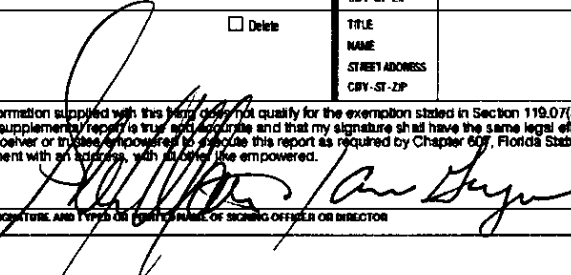


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990000026729			
1. Entity Name DEALER DECALS, INC. DEALER DECALS, INC.			
Principal Place of Business 8064 WEST 21ST COURT HIALEAH, FL 33016		Mailing Address 8064 WEST 21ST COURT HIALEAH, FL 33016	
2. Principal Place of Business 6595 N.W. 36TH ST Suite, Apt. #, etc. 316 City & State MIAMI, FL Zip 33166 Country USA		3. Mailing Address SOME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0905695		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUZMAN, ANA L 2171 NW 93RD AVENUE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name ALEX MARTINI Street Address (P.O. Box Number is Not Acceptable) 6595 N.W. 36TH ST #316 City MIAMI FL Zip Code 33166	
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 (not applicable) (OVER: Registered Agent signature required when returning)		DATE 4-29-03	
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 GUZMAN, ANA L 8064 W. 21ST. CT HIALEAH, FL 33016 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(DIRECTOR) ALEX MARTINI 6595 N.W. 36TH ST #316 MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ANTONIO 2171 NW 93RD AVENUE PEMBROKE PINES, FL 33024 ☒ 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 report 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 supplement/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 authority to be empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/24/03 Date	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/06/03 01:02 PM 158.75



☒ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)

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