FILED

03 JUN -6 PM 2:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

06/06/03 01027 006 **158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026729

1. Entity Name
DEALER DECALS, INC.
DEALER DECALS, INC.

Principal Place of Business	Mailing Address
8064 WEST 21ST COURT HIALEAH, FL 33016	8064 WEST 21ST COURT HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
6595 N.W. 36TH ST	SAME
Suite, Apt. #, etc. 316	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33166 Country USA	Zip Country

☑ CHECK HERE IF MAKING CHANGES

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] 4-29-03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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 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] / [signature] 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JT 6/6