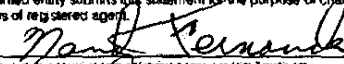
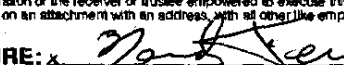


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 13 PM 3:52

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

DOCUMENT # P99000079458		
1. Entity Name FIRST CLASS AUTO SALES, INC.		
Principal Place of Business 414 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US		Mailing Address 414 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US
2. Principal Place of Business		3. Mailing Address 3364 Wilderness Trl
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Kissimmee FL
Zip	Country	Zip 34746 Country
4. FEI Number 52-2200568		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERNANDEZ, NANDY DE JESUS 404 LA PAZ DR KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name Fernandez, Nandy De Jesus Street Address (P.O. Box Number is Not Acceptable) 3364 Wilderness Trl City Kissimmee FL Zip Code 34746
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:  DATE 5-8-03 Signature required for (present) agent of registered agent and UBR filer. (NONE: Registered Agent's signature required when reappointing)		
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP
PC FERNANDEZ, NANDY 3364 WILDERNESS TRL KISSIMMEE, FL 34746		30001883112 05/13/03--01023--017 **
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
VMVP FERNANDEZ, SUZANNA 3364 WILDERNESS TRL KISSIMMEE, FL 34746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:  DATE 5-8-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		One Daytime Phone #

CHIEF OF BUREAU

5/20
aw