2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P99000080079** 05-10-2005 90113 010 ***150.00 1. Entity Name JOSÉ'S AUTO CENTER, INC. 14017660 Principal Place of Business Mailing Address 5555 W. LINEBAUGH AVENUE 5555 W. LINEBAUGH AVENUE **TAMPA, FL 33624 TAMPA, FL 33624** 2. Principal Place of Business 3. Mailing Address Suite, Api SE'S AUTO CENTER INCSuite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) City & St. 4733 N. FLORIDA AVE. City & State Applied For 4. FEI Number TAMPA, FL 33613 59-3601084 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANCHEZ, JOSE 5555 W LINEBAUGH AVE Street Address (P.O. 8ox Number is Not Acceptable) **TAMPA, FL 33624** City Zip Code 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE Delete me Addition JOSE'S AUTO CENTER IN SANCHEZ, JOSE NAME NAME 14733 N. FLORIDA AVE. STREET ADDRESS 5555 W. LINEBAUGH AVENUE STREET ADDRESS TAMPA, FL 33613 TAMPA, FL 33624 CITY-ST-7IP CITY-ST-71P JOSE'S AUTO CENTER INC Change ☐ Delete TITLE ☐ Addition TITLE SANCHEZ, IRMA NAME NAME 14733 N. FLORIDA AVE. 5555 W. LINEBAUGH AVENUE STREET ADDRESS STREET ADDRESS TAMPA, FL 30013 TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY_ST_78P 12. I hereby certify that the information supplied with this filling 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.

ND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 10, 2005 8:00 am