FILED
May 10, 2004 8:00 am
Secretary of State

04-07-2004 90039 012 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000087486

1. Entity Name

SDM AUTO SALES, CORP.

[redacted]

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
3512 OLD WINTER GARDEN RD ORLANDO FL 32805	P O BOX 580263 ORLANDO FL 32858

SDM Auto Sales Corp

2. Principal Place of Business	3. Mailing Address
3512 Old Winter	
Suite, Apt. #, etc. garden Rd	Suite, Apt. #, etc.
City & State Orlando Fl	City & State
Zip 32805 Country Orange	Zip Country

4. FEI Number 59-3600077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILUS, ESTILIEN 3512 OLD WINTER GARDEN RD ORLANDO FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 accep the obligations of registered agent.

SIGNATURE Estilien Filus

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, 2004 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	PT President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FILUS, ESTILIEN	NAME	
STREET ADDRESS	3512 OLD WINTER GARDEN RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE	S Secretary ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FILUS, MARINA	NAME	
STREET ADDRESS	3512 OLD WINTER GARDEN RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32805	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Estilien Filus 4-19-04 407-522 282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #