2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # May 10, 2001 8:00 am P99000105149 1. Entity Name **Secretary of State** JD AUTO, INC. 05-10-2001 90130 004 ***150.00 Principal Place of Business Mailing Address 3011 N. STATE Rd7 3011 N. STATE Rd? HOLLYWOOD FL HOLLYWOOD, FL. 33021 AUU63047 33021 2. Principal Place of Business 3. Mailing Address 3011 N. STATE Rd 7 3011 N. STATE Kd7 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE HOLLYWOOD FL HOLLYWOOD City & State City & State 4. FEI Number Applied For 65 0977008 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zio 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. P-V-T-S JOHANNE LEDUC TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 3300 N. STATE Rd7 STREET ADDRESS STREET ADDRESS FL 33021 CITY-ST-ZIP HOLLYWOOD CITY-ST-ZIP TITLE TITLE ☐ Deleta ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7R CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ■ Addition HALE NALEF STREET ADDRESS STREET ADDRESS City-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. JOHANNE LEDUC PRES 04-25-01 954-967-8316 Teduc

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: