2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 09, 2007 08:00 AN Secretary of State DOCUMENT # V00488 1. Entity Name TARGET AUTO SALES, INC. Mailing Address Principal Place of Business **5712 FUNSTON STREET 5712 FUNSTON STREET** HOLLYWOOD, FL HOLLYWOOD, FL CR2E034 (11/05) 01032007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0292962 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FULMER, C. RICHARD, JR 524 S. ANDREW AVE. FT. LAUDERDALE, FL 33301 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE COHEN, JEFFREY M. NAME **5712 FUNSTON STREET** STREET ADDRESS 01/49/99/90676697009 150.00 CITY-ST-ZIP HOLLYWOOD, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP NAME STREET ADDRESS CITY - ST-ZIP

12. I hereby certify that the information supplied with this filling does not dealify for the exemptions contained in Chapter 119, 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 of 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #