2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

Feb 08, 2005 8:00 am DOCUMENT # V25590 **Secretary of State** 1. Entity Name 02-08-2005 90013 038 ***158.75 PROLINE AUTOMOTIVE, INC. Principal Place of Business Mailing Address PROLINE AUTOMOTIVE 8260 NW 58TH STREET -JUULLUUM 8260 NW 58TH STREET MIAMI EL 33166-MIAMI FL 33166 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For 65-0329171 Not Applicable \$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 ORTEGA, FELIX GERARDO 8260 NW 58TH ST **MIAMI FL 33166** 8. The above named entity supplies this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered ent SIGNATURE OTF: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change TITLE ☐ Addition TITLE . ■ Delete ROBEGA Felir Gerardo ORTEGA, FELIX GERARDO NAME NAME STREET ADDRESS 8260 NW 58TH ST STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true-de-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with an adess, with all oth

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