


**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V73886</b> 1. Entity Name <b>NETWORK AUTO BROKERS INC.</b>				<b>Secretary of S</b>	
Principal Place of Business <b>2370 SW 67TH AVENUE MIAMI, FL 33155 US</b>		Mailing Address <b>2370 SW 67TH AVENUE MIAMI, FL 33155 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				02142007 No Chg-P CR2E034 (11/05)	
<b>DO NOT WRITE IN THIS SPACE</b>				4. FEI Number <b>65-0373109</b>	
				Applied For <input type="checkbox"/> Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				<b>DO NOT WRITE IN THIS SPACE</b>	
<b>ABDALA, JACINTO 2370 SW 67 AVE MIAMI, FL 33155</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P ABDALA, JACINTO 16740 SW 83 CT MIAMI, FL 33157			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date _____ Daytime Phone # _____					