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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000052030
 1. Entity Name
A I A Auto Group, INC



FILED
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16197 NW, 422 AVE
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Miami, FL.

City & State

Zip
33018

Country
USA

REINSTATEMENT 04-06

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5268398

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

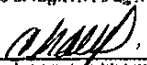
7. Name and Address of Current Registered Agent

Name **Luciano Martinez**

Street Address (P.O. Box Number is Not Acceptable)
30510 SW, 149 AVE.

City **Homestead** FL Zip Code **33033**

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:  **300078281373**
 08/02/06--01061--017 **450.00

Signature, title of holder, name of registered agent and title of business (NOTE: Registered Agent signature required when reinstating) DATE


January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS			
TITLE	PD.	TITLE	
NAME	Luciano Martinez	NAME	
STREET ADDRESS	30510 SW, 149 AVE.	STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL. 33033	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(k), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **A 1 A AUTO GROUP, INC.**

Thank you for your courtesy in this matter.



LUCIANO MARTINEZ
PRESIDENT