2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 25, 2008 08:00 AN Secretary of State DOCUMENT # M01906 1. Entity Name BIRD ROAD SPEED & SPORT, INC. Principal Place of Business Mailing Address 5391 N.W. 79TH AVENUE 5391 N.W. 79TH AVENUE MIAMI, FL 33166 MIAMI, FL 33166 04232008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2416134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSCAR J. LEAL DO NOT WRITE 5391 N.W. 79TH AVENUE MIAMI, FL 33166 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 little if applicable (NOTE: Registered Agent signature required when rejustating) DATE \$5.00 May Bo U00000923185 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 05/16/08-80020-022 150.00 10. OFFICERS AND DIRECTORS LEAL, OSCAR J. NAME STREET ADDRESS 5391 N.W. 79TH AVENUE CITY-ST-ZIP MIAMI, FL 33166 TITLE ST LEAL, MARIA E. NAME STREET ADDRESS 5391 N.W. 79TH AVENUE CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 attachmen with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP