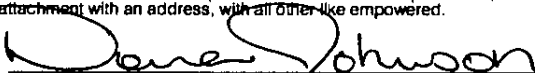


FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # M25727 1. Entity Name BUD & MACK'S AUTO REPAIR AND SALES, INC.			
Principal Place of Business 5832 WASHINGTON STREET HOLLYWOOD, FL 33023		Mailing Address 5832 WASHINGTON STREET HOLLYWOOD, FL 33023	
DO NOT WRITE IN THIS SPACE			
		05072008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2627753	
		Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent JOHNSON, JULIAN R. 5832 WASHINGTON STREET HOLLYWOOD, FL 33023		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 re-registering)			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD JOHNSON, JULIAN 5832 WASHINGTON ST. HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP JOHNSON, DONNA H 5832 WASHINGTON STREET DAVIE, FL 33023	
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 attachment with an address, with all other like empowered. SIGNATURE:  4/30/08 954-989-6485 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			