FROM :JOHN WILLIAM NICHOLS CO FAX NO. :3052329552

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Secretary of State
06-07-2007 90003 044 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000140597

1. Entity Name
AUTO TECHNIK VINTAGE, INC.

40120057

Principal Place of Business	Mailing Address
5897 COMMERCE LANE SOUTH MIAMI, FL 33143	5897 COMMERCE LANE SOUTH MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8936 SW 129 ST.	8936 SW 129 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

04242007 Chg-P CR2E034 (12/06)

4. FEI Number 42-1683648 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUSMAO, MILTON
5897 COMMERCE LANE
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent
Name: MILTON GUSMAO
Street Address (P.O. Box Number is Not Acceptable): 8936 SW 129 ST
City: MIAMI FL Zip Code: 33176

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] Date: 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PSTD NAME: GUSMAO, MILTON STREET ADDRESS: 5897 COMMERCE LANE CITY-ST-ZIP: SOUTH MIAMI, FL 33143	☐ Delete	PSTD MILTON GUSMAO 8936 SW 129 ST MIAMI, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: [signature] 4/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #