2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State 03-24-2008 90048 038 ***150.00

DOCUMENT # P95000037110 1. Entity Name S AND R AUTOMOTIVE, INC.			03-24-20	08 90048 038 ***150.00
Principal Place of Business 5415 NW 15TH STREET BAY 17 MARGATE, FL 33063 US	Mailing Address 1700 SW 69TH AVE NORTH LAUDERDALE,	FL 33068 US		# \$8## 88#\$ ### ### ### ###
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01232008 Chg-P	CR2E034 (12/06)
City & State	City & State		4. FEI Number 65-0585196	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desire	\$8:75 Additional
6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of Ne	w Registered Agent
QUICENO, RUBEN 1700 SW 69 AVE NORTH LAUDERDALE, FL 33068		Street Address	s (P.O. Box Number is Not Accept	table)
		Cily		FL Zip Code
The above named entity submits this statement the obligations of registered agent.	nt for the purpose of changing it	s registered affice ar regist	tered agent, or both, in the State of	
SIGNATURE				DAIL
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$55	9. Election Campa	· · · · · · · · · · · · · · · · · · ·	5.00 May Be dded to Fees	
	ND DIRECTORS	11,	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11
NAME QUICENO, RUBEN STRIET ADDRESS CHY-ST-ZIP NORTH LAUDERDALE, FL 3	□ Delete	TITLE NAME SIPLET ADDRESS CHY SI ZIP		☐ Change ☐ Addition
TITLE NAME STIFLET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ Addition
NAME SIREET ADDRESS UNIV. ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		— Prange ← Prange ← Abblilor
ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS UITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Delete	HILE HAME STREET ADDRESS CITY-S1-2IP		☐ Change ☐ Addition
THEE HAME STREET ADDRESS CITY S1-7IP	☐ Delete	HAME STREET ADDRESS CHY-ST ZIP		☐ Change ☐ Addilion
12. I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee echanged, or on an attachment with an address SIGNATURE:	ort is true and accurate and that empowered to execute this repo	t my signature shall have that as required by Chapter (he same legal effect as if made ur 607, Florida Statutes; and that my	nder oath; that I am an officer or director