2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2006 08:00 Al Secretary of State **DOCUMENT # 396967** Entity Name KENDALL AUTO PARTS, INC. Principal Place of Business Mailing Address 8830 S.W. 129TH STREET MIAMI FL 33176 8830 S.W. 129TH STREET MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Cilv & State City & State 4. FEI Number Applied For 59-1382938 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUNNINGHAM, GARY Street Address (P.O. Box Number is Not Acceptable) 16300 S.W. 109 AVENUE MIAMI FL 33157 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 title if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change CUNNINGHAM, GARY NAME MAME STREET ADDRESS 16300 SW 109TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY: ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition U00000544860 NAME CUNNINGHAM, TED NAME 05/11/06-80053-015 150.00 STREET ADDRESS 9760 SW 159TH STREET STREET ADDRESS CITY ST-ZIP MIAMI FL CITY - ST- 7/P THE 37 - Delcie 11125 ____ Change Addition NAME RUSH, DEBRA STREET ADDRESS STREET ADDRESS 27825 SW 164TH COURT CITY - ST- ZIP CITY-ST-ZIP HOMESTEAD FL 33031 ☐ Delete TILLE BILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TILLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE: De bra Rus H De La Printe Name of Signing of Ficer on Director 4/24/06 305-232-0511