2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 17, 2008 08:00 A Secretary of State **DOCUMENT # 552815** 1. Entity Name RULY MOTORS, INC. Principal Place of Business Mailing Address 1362 NW 36 STREET 4380 S W 2 STREET **MIAMI FL 33142** MIAMI FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1777201 Not Applicable Zip Country Zio 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 RUBIO, MARIA C 4380 S W 2ND ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** City Zin Code 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, typod or prerod harrer of registered reget and title if implication (NOTE: Registried Again signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition UCCENERALA RUBIO, RAUL A NAME NAME 04/03/08-88019-910 150.00 4380 S W 2ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 City-St-Zip Derete TITLE ☐ Change TITLE ☐ Addition RUBIO, MARIA C NAME NAME STREET ADDRESS 4380 S W 2ND ST STREET ADDRESS CITY-ST-7IP MIAMI, FL 00000 CITY-\$1-ZIP ☐ Derete TITLE ППЕ ☐ Change Addition NAME NAME STREET ADDRESS STRÉE! ADDRÉSS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Daiete THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ De ete ☐ Change Addition ΠΠ‡ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND EVPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAULA. Rabio 3/12/08 (305) 634-0713

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