2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 26, 2007 08:00 AM Secretary of State **DOCUMENT # 574264** 1. Entity Name AUTOMOTIVE HOLDINGS, INC. Principal Place of Business Mailing Address 318 WEST 34TH STREET 318 WEST 34TH STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite Ant # etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1931298 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTOMAYOR, GEORGE 318 WEST 34TH STREET HIALEAH FL 33012 Street Address (P.O. Box Number is Not Acceptable) City Zip 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reustating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete IIILE Change Addition SOTOMAYOR, GEORGE NAME NAME 000000679576 04/03/07-80043-010 150.00 318 WEST 34TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change ☐ Addition ROTA, GIOVANNI NAME NAME 318 WEST 34TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CUY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CITY-ST-ZIP IIITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7/P THTLE ☐ Delete FITLE 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 if changed, or on an attachment with an address, with all other like empowered.

Solo