

2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT #651223 FILED 1. Enlity Name R. & H. PAINT & BODY SHOP, INC. Sep 11, 2008 08:00 AM Secretary of State Principal Place of Business Mailing Address 17424 SW 245 TERRACE 17424 SW 245 TERRACE HOMESTEAD, FL 33031 HOMESTEAD, FL 33031 08312008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1957016 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JR., REINALDO DO NOT WRITE 17424 SW 245 TERRACE HOMESTEAD, FL 33031 IN THIS SPACE 8. The above named entry 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 little if applicable (NOTE: Registered Agent eignature required when remstating) DATE \$5.00 May Be FILE NOWILL FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. VD TITLE . HERNANDEZ, REYNALDO (JR) NAME STREET ADDRESS 17424 SW 245 TERRACE CITY-ST-ZIP HOMESTEAD, FL 33031 TITLE NAME 000000959505 09/11/08-80004-006 558.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 if am an officer or director of the corporation or the receiver or trustee empowered to execute this properties of the corporation or the receiver or trustee empowered to execute this properties 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PROFTED NAME OF SIGNING OFFICER OR DIRECTO

9/6/08

Daytme Phone #