2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT #844319 OMOTIVE SERVICES INC.							90027 044 ***	150.00
Principal Place	of Business	Mailing Address				1 AN	076957	. '	
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201 ROUTE 1		201 ROUTE 17 NORTH							
RUTHERFORD), NJ 07070 US	TAX DEPT.							
		RUTHERFORD, NJ 0707	70 U	5		LIBRIDIO	(818:4 818 88 1118) 118:8 18:1 8		01011901 11 1091
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			•				
Suite Ant # ete		Suite, Apt. #, etc.							
Suite, Apt. #, etc.		Suite, Apr. #, etc.			03202008	Chg-P	CR2E034 (12/0	3)	
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City & State	3	City & State				4. FEI Numb		<u> </u>	Applied For
				 		13-299	91379		Not Applicable
Zip	Country	Zip	Count	try		5 Certificati	e of Status Desired	□ \$8. <u>7</u> 5 /	Additional
-						J. Cermican	e or oratos pesireo	☐ Fee Requ	ired
• •	6. Name and Address of Current	Registered Agent				7. Name an	d Address of New Re	gistered Agent	
-				Name			·		
CT CORPO	DRATION SYSTEM								
1200 S. PII	NE ISLAND ROAD			Street Ac	dress (P.O. Box Numb	per is Not Acceptable)		
PLANTAT!	ON, FL 33324								
	•								
				0					
				City				FL Zip C	ode
8 The above	named entity submits this statement fo	the number of changing its	ranistar	od office or	ragieto	od agont, or b	oth, in the State of Flore	ida. Lam familiar wi	th and passed
	ions of registered agent.	the purpose of changing its	i edister	au onice or	i ogistei	eu agent, or or	om, in the state of rior	iua. Tailitaililliai Wi	in, and accept
gan									
SIGNATURE_									
OIGHA OILE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE	
							I		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Contr	_	ncing		.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS	CHANGES TO OFFICE	CERS AND DIRECTO	ORS IN 11
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	201 ROUTE 17 NORTH		STRE	ET ADDRESS	Dei	STAMIN,	· mtr@oc_		, Addition
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	RUTHERFORD, NJ 07070	☐ Delete	STRE CITY	ET ADORESS -ST-ZIP		STAM(H,		☐ Chang	
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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 fursted 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 within address, with all other like empowered.

GNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytree Phone #

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