2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G45823

FILED May 01, 2009 Secretary of State

Entity Name: PARTS AND SERVICES INTERNATIONAL CORPORATION

Current Principal Place of Business: New Principal Place of Business: 8272 NW SOUTH RIVER DR. MIAMI, FL 33166 **Current Mailing Address: New Mailing Address:** 8272 NW SOUTH RIVER DR. MIAMI, FL 33166 FEI Number: 59-2325856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINARES, VICTOR L DAVID E. SNYDER 8272 NW S. RIVER DRIVE 8272 NW S. RIVER DRIVE MIAMI, FL 33166 MIAMI, FL 33166 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. SIGNATURE: DAVID E. SNYDER 05/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SNYDER, DAVID E. Name: Name: 8272 NW S. RIVER DR. Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: VSD (X) Delete Title: () Change () Addition Name: LINARES, VICTOR L. Name: 8272 NW S. RIVER DR. Address: Address: MIAMI, FL 33166 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MARTINEZ, JOSE Name: Name: 8272 NW S. RIVER DR. Address: Address: City-St-Zip: MIAMI, FL 33166 City-St-Zip: Title: () Delete Title: (X) Change () Addition TRAVIESO, MÁRIA A TRAVIESO, MARIA A Name: Name: Address: 8272 NW. SO RIVER DR Address: 8272 NW. SO RIVER DR City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. SNYDER PTD 05/01/2009