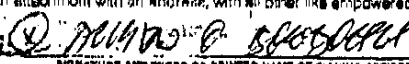


FILED**Apr 23, 2007 08:00 AM**
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # G66863			
1. Entity Name MACHADO CAR CARE INC.			
Principal Place of Business 2801 NW 42ND AVE MIAMI, FL 33142 US		Mailing Address 2801 NW 42ND AVE MIAMI, FL 33142 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BENEDETTI, ALVARO 1469 KITE CT WESTON, FL 33327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature is typed or printed name of registered agent and title if applicable (N/A) if not a registered agent, a signature required when necessary			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDETTI, ALVARO 1469 KITE CT WESTON, FL 33327 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000726407 05/04/07-80006-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVILLA, PATRICIA 1469 KITE CT WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUN, CLAUDIA 1009 KIENGLAND LANE FT. LEE, NJ 07024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLANO, LUZ CARIME 791 MEDINA AVE. WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and correct 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 affidavit, with all other like empowered.			
SIGNATURE  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/16/07 DATE	