## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2008 08:00 All Secretary of State DOCUMENT #L11529 1. Entity Name TWO COUNTRIES AUTO SERVICE, INC. Principal Place of Business Mailing Address 10736 SW 190 STREET 10736 SW 190 STREET MIAMI, FL 33157 MIAMI, FL 33157 01192008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0144719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELGADO, FERMIN DO NOT WRITE 12260 SW 185TH TERRACE MIAMI, FL 33157 IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees *U*00000981187 10. OFFICERS AND DIRECTORS TITLE NAME DELGADO, FERMIN STREET ADDRESS 12260 SW 185TH TERRACE CITY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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 cath, 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Daytime Phone 8