

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000002927

**FILED**  
**Aug 11, 2008**  
**Secretary of State****Entity Name:** CARFIT INDUSTRIES, INC.**Current Principal Place of Business:**250 N DIXIE HWY  
BAY 4  
HOLLYWOOD, FL 33020**New Principal Place of Business:**1830 S. OCEAN DRIVE  
1902  
HALLANDALE, FL 33009 US**Current Mailing Address:**250 N DIXIE HWY  
BAY 4  
HOLLYWOOD, FL 33020**New Mailing Address:**1830 S. OCEAN DRIVE  
1902  
HALLANDALE, FL 33009 US**FEI Number:** 65-1065567**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHAPIRO, MANUEL  
21175 MAINSAIL CIRCLE, E-15  
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**SCHAPIRO, MANUEL  
1830 S. OCEAN DRIVE  
1902  
HALLANDALE, FL 33009 US

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: MANUEL SCHAPIRO

08/11/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHAPIRO, MANUEL  
Address: 21175 MAIN SAIL CIRCLE  
City-St-Zip: AVENTURA, FL 33180

Title: SVD ( ) Delete  
Name: BLUMEN, MOISES  
Address: 3199 NE 211 ST  
City-St-Zip: AVENTURA, FL 33180

Title: TD (X) Delete  
Name: SCHAPIRO, SUSY  
Address: 21175 MAIN SAIL CIRCLE  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHAPIRO, MANUEL  
Address: 1830 S. OCEAN DRIVE, SUITE 1902  
City-St-Zip: HALLANDALE, FL 33009 US

Title: TD (X) Change ( ) Addition  
Name: SCHAPIRO, SUSY  
Address: 1830 S.OCEAN DRIVE,SUITE 1902  
City-St-Zip: HALLANDALE, FL 33009 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MANUEL SCHAPIRO

PD

08/11/2008

Electronic Signature of Signing Officer or Director

Date