## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000044042

Entity Name: TANI AUTO CARE, INC.

FILED Aug 08, 2007 Secretary of State

| Lillity Na                                    | ille. TANTAO  | TO CARE, INC.  |   |   |  |
|---|---|--|---|---|--|
| Current Principal Place of Business:          |   |  | New Principal Place of Business:            |   |  |
| 10550 BIS<br>MIAMI, FL                        | CAYNE BLVD<br>. 33138                                   |  |   |   |  |
| Current Mailing Address:                      |   |  | New Mailing Addres                          | New Mailing Address:                      |  |
| P.O. BOX<br>MIAMI, FL                         | . 163909<br>. 331163909                                 |  |   |   |  |
| FEI Number                                    | r: 65-1099522   | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)         |  |
| Name and Address of Current Registered Agent: |   |  | Name and Address of                         | Name and Address of New Registered Agent: |  |
| 10550 BIS<br>MIAMI, FL<br>The above           |   | submits this statement for the լ   | ourpose of changing its registere           | d office or registered agent, or both,    |  |
| SIGNATU                                       |   |  |   |   |  |
| 0,011,710                                     |   | nic Signature of Registered Ag   | ent   | Date                                      |  |
| Election Ca                                   |   | 03(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution ( ).<br>CTORS: | ·   | ES TO OFFICERS AND DIRECTORS:             |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD (<br>TANINAKA, RC<br>10550 BISCAY<br>MIAMI, FL 331   | NE BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | SVD (<br>TANINAKA, RIT<br>10550 BISCAY<br>MIAMI, FL 331 | NE BLVD  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |

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: ROBERTO TANINAKA PD 08/08/2007