2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P01000074860 1. Entity Name DISCOUNT CARBURATORS, INC. Principal Place of Business Mailing Address 2400 NW 78 ST 2400 NW 78 ST MIAMI, FL 33147 MIAMI, FL 33147 No Chg-P CR2E034 (11/05) 02212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1137227 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required6.-Name and Address of Current Registered Agent DO NOT WRITE HERMIDA, CARLOS 2400 NW 78 ST MIAMI, FL 33147 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HERMIDA, CARLOS NAME STREET ADDRESS 2400 NW 78 ST CITY-ST-ZIP MIAMI, FL 33147 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP poled with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director disternments of the executer bis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information si indicated on this spot or supplemental real of the corporation or the receiver or truste changed, or on an attachment with an administration of the corporation or the receiver or truste changed, or on an attachment with an administration of the receiver or trusted the r

LESIDENT

Date

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TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE