2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 11, 2007 8:00 am **Secretary of State** DOCUMENT # P02000006344 07-11-2007 90076 017 ***550.00 AMERIFIRST AUTO CENTER, INC. Principal Place of Business Mailing Address 10034 NW 79TH AVE 10034 NW 79TH AVE HIALEAH GARDEN, FL 33016 HIALEAH GARDEN, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10030 N.W 79 0030 Suite, Apt. #, etc. Suite, Apt. #, etc. 07062007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number HIALEAH HINDERLY GARDEN 04-3588530 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired SCAC 0 33016 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHE MEHI GHODSI, MEHDI Street Address (P.O. Box Number is Not Acceptable) 10034 N W 79 AVE HILEAH, FL 33016 Zip Code FI HASSAH 8. The above named entity submits this statement or 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** ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 П Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD IIILE TITLE □ Delete Change ☐ Addition MEHDI GHODSI, MEHDI GH-DJi NAME N.W 79 AVE STREET ADDRESS 10034 N W 79 AVE STREET ADDRESS 10030 CITY-ST-ZIP HIALEAH, FL 331016 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. Thereby certify that the information supplied with this filling 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 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 address, with all other like empowered.

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