2007 FOR PROFIT CORPORATION ANNUAL REPORT

ith an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: X

Mar 19, 2007 08:00 AM DOCUMENT # P02000060942 **Secretary of State** MIAMI CHOPPERS, INC. -Principal Place of Business Mallino Address 8034 NW 103RD ST #18 8034 NW 103RD ST #18 HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) City & State City & State 4, FEI Number Applied For Not Applicable 03-0470265 Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUAREZ, MIGUEL E Street Address (P.O. Box Number Is Not Acceptable) 8034 NW 103RD ST #18 HIALEAH GARDENS, FL 33016 Zip Code 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name and title 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE SUAREZ, MIGUEL E NAME NAME 8034 NW 103RD ST # 18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS, FL 33016 ☐ Change ☐ Addition TT!LE Delete TITLE NAME SUAREZ, YAUMARA NAME 8034 NW 103RD ST # 18 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33016 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

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