2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089307

Title:

Name: Address:

City-St-Zip:

RESTREPO, ADRIANA

11910 SW 168 ST MIAMI, FL 33177

Entity Name: W.I.R.E.S. AUTO REPAIR, INC.

FILED Apr 12, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--|---|--------------------------------|-------------------------------|-----------------------------------|--|
| 12400 SW 1 BAY #9 MIAMI, FL 3 | | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 12400 SW 1 BAY #9 MIAMI, FL 3 | | | | | |
| FEI Number: 2 | 22-3864785 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| RESTREPO, WILLIAM 11910 SW 168 ST MIAMI, FL 33177 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: | | | | | |
| | Electronic | c Signature of Registered Agen | nt | Date | |
| OFFICERS AND DIRECTORS: | | | | | |
| Title: Name: Address: City-St-Zip: | PD RESTREPO, WIL 11910 SW 168 S MIAMI, FL 3317 | ST | | | |

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM RESTREPO PD 04/12/2012