
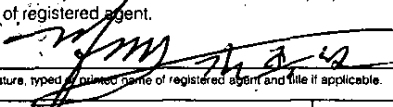
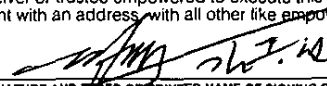


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90021 030 ***150.00

DOCUMENT # P03000022163 1. Entity Name KIM'S AUTO CENTER, INC.					
Principal Place of Business 2527 N. STATE RD 7 HOLLYWOOD, FL 33021			Mailing Address 2527 N. STATE RD 7 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box # 2127 N. State Rd 7 Suite, Apt. #, etc.		3. Mailing Address 2127 N. State Rd 7 Suite, Apt. #, etc.			
City & State Hollywood, FL Zip 33021		City & State Hollywood, FL Zip 33021		4. FEI Number 43-2000790	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUN KIM, JONG 7840 NW 56TH ST. MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Kim, Jong Sun Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: April 30, 07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SUN KIM, JONG 4716 NW 95TH AVE. MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUK KIM, IM 4716 NW 95TH AVE. MIAMI, FL 33178	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing 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.			SIGNATURE:  DATE: April 30, 07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		