

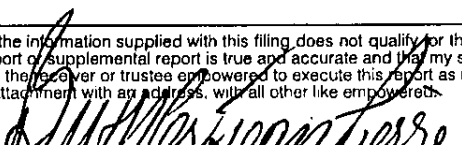


FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000059162				Secretary of State	
1. Entity Name BLESSING CAR CARE, INC.					
Principal Place of Business 20452 NE 15TH COURT MIAMI, FL 33179		Mailing Address 20452 NE 15TH COURT MIAMI, FL 33179			
DO NOT WRITE IN THIS SPACE					
		01132008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 06-1697702		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUTHLER, JEAN PIERRE 21217N.W.14TH PLACE UNIT #622 MIAMI GARDENS,, FL 33169		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		0000000831595 02/27/08-80023-009 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE	P				
NAME	BUTHLER, JEAN-PIERRE				
STREET ADDRESS	20452 NE 15TH COURT				
CITY- ST- ZIP	MIAMI, FL 33179				
TITLE					
NAME					
STREET ADDRESS					
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STREET ADDRESS					
CITY- ST- ZIP					
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 empowereth.					
SIGNATURE: 		2/11/08 Date _____ Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					