

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90245 045 ***150.00

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| DOCUMENT # P04000098437 |  |
| 1. Entity Name BECERRA GENERAL MECHANIC & TIRE CARE, INC. | |

46056000

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| Principal Place of Business 7601 E TREASURY DR 1605 MIAMI BEACH, FL 33141 | Mailing Address 7601 E TREASURY DR 1605 MIAMI BEACH, FL 33141 |
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05012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

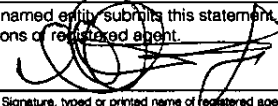
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| 4. FEI Number 43-2056192 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BECERRA, PEDRO
7601 E TREASURY DR 1605
MIAMI BEACH, FL 33141

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 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 |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BECERRA, PEDRO 7601 E TREASURY DR 1605 MIAMI BEACH, FL 33141 |
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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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR