2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: •

May 09, 2005 8:00 am Secretary of State DOCUMENT # P04000106268 1. Entity Name 05-09-2005 90294 012 ***150.00 MUNDO MAZDA AUTO PARTS, INC. Principal Place of Business Mailing Address 7800 SIMMS STREET 7800 SIMMS STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 50050947 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Chg-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 12636 Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOTO, LUIS A Street Address (P.O. Box Number is Not Acceptable) 11730 SW 13TH PLACE FT LAUDERDALE, FL 33325 City 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME SOTO, LUIS A NAME SW 13th Place STREET ADDRESS 11730 SW 13TH PLACE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33325 CITY-ST-ZIP ☐ Delete ☐ Addition SOTO, LUIS O NAME NAME 7800 SIMMS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP Simms Street Delete TITLE TITLE ☐ Addition NAME ROSARIO, M LILLIAN NAME STREET ADDRESS 7800 SIMMS STREET STREET ADDRESS CITY-ST-7IP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to exocute 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 attachmed with an address, with all other like empowered.

FILED