2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P04000108178 Feb 02, 2007 08:00 AM 1. Entity Namo **Secretary of State** INTERNATIONAL SPORT CARS, AUTO REPAIR DIVISION, INC. Principal Place of Business Mailing Address 401 GOLDEN ISLES DRIVE 401 GOLDEN ISLES DRIVE HALLANDALE FL 33009 US HALLANDALE FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 20-1411149 Not Applicable Zιρ Country Zıp Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBLATT, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 401 GOLDEN ISLES DRIVE 313 HALLANDALE FL 33009 City Zip Codo 8. The above named onlity 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Check #2347 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P. D THE Delete TITLE ☐ Change ☐ Addition GREENBLATT, STEPHEN NAME NAME U000000618670 401 GOLDEN ISLES DRIVE, #313 STREET ADDRESS STREET ADDRESS 02/08/07-80039-010 150.00 CHY-SI-ZIP HALLANDALE FL 33009 CITY-ST-7IP TITLE Delete TITLE Change Addition GREENBLATT, CAROLEANN NAME NAME 401 GOLDEN ISLES DRIVE, #313 STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE [] Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete NŤLE ☐ Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attagment with an address, with all other like empowered.

Stephen Greenblatt

SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🔏

Jan. 30, 2007 (954) 966-6772

Davtime Phone #

Date