


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90037 001 ***150.00
02-13-2008 90037 002 *****8.75

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| DOCUMENT # P04000125249 1. Entity Name SILVER STAR AUTO REPAIR AND RECOVERY, INC. |  |
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| Principal Place of Business 1570 W 39TH PLACE HIALEAH, FL 33012 | Mailing Address 1570 W 39TH PLACE HIALEAH, FL 33012 |
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 32-0125817 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CALDERIN, BARBARA 1570 W 39TH PLACE HIALEAH, FL 33012 |
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I, 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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CALDERIN, BARBARA 3504 W 74TH PL HIALEAH, FL 33018 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURY CORREIA, LEANDRO 3504 W 74TH PL HIALEAH, FL 33018 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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.

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|--|---------------------|--------------------------------|
| SIGNATURE:  | 02-05-08 | 305-823-7818 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |