## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Secretary of State **DOCUMENT # P05000084669** 02-27-2008 90012 032 \*\*\*150.00 CONVENIENT AUTOMOTIVE SERVICE, INC. 40000 Principal Place of Business Mailing Address 4711 W HALLANDALE BEACH BLVD UNIT 4 7751 INDIGO STREET HALLANDALE BEACH, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 02222008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 51-0545918 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALLOO, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 7751 INDIGO STREET MIRAMAR, FL 33023 City Zip Code FL 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 re, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition NAME KALLOO, ISHAMEL NAME STREET ADDRESS 4711 W HALLANDALE BEACH BLVD UNIT 4 STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH, FL 33023 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete T131 F Change ■ Addition NAME\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7/P TITLE ☐ Delete 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 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 charged, or on an attachment with an address, with all petic like empowered. an address, with all other like empowered. SIGNATURE: OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED Feb 27, 2008 8:00 am