


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90027 032 \*\*\*158.75

<b>DOCUMENT # P05000141501</b>		
1. Entity Name PERFECTION GERMAN CAR CARE, INC.		

Principal Place of Business 6150 SW 40TH ST., APT. B-10 MIAMI, FL 33155 US	Mailing Address 6150 SW 40TH ST., APT. B-10 MIAMI, FL 33155 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40008943



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 75-3206062	Applied For <input type="checkbox"/> Not Applicable
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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	
ABREU, JUAN MIGUEL 6150 SW 40TH ST., APT. B-10 MIAMI, FL 33155	

7. Name and Address of New Registered Agent	
Name <u>Dagmara Cabrera</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>6150 S W40th Street Apt B 10</u>	
City <u>Miami</u>	Zip Code <u>FL 33155</u>

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 <u>Dagmara Cabrera</u>	DATE <u>Jan 19 08</u>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABREU, JUAN MIGUEL <input checked="" type="checkbox"/> Delete 6150 SW 40TH ST., APT. B-10 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dagmara Cabrera <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6150 S W 40th St. Apt. B 10 Miami FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Dagmara Cabrera</u>	DATE: <u>Jan 19 08</u>	DAYTIME PHONE: <u>786 566 7731</u>
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