2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2008 08:00 AN Secretary of State

Daytime Phone #

| ANNUAL REPORT | | | | | 1-P | , | CCI |
|--|---|--|-----------------------------------|---------------------|--------------------------|--------------------|----------------------------------|
| DOCUMENT # P06000004210 1. Entity Name AUTO BRAKES PLUS, INC. | | 210 | | | 2 | ecreta | ry of Sta |
| Principal Plac | ce of Business | Mailing Address | |] | | | |
| 5897 COMM S. MIAMI, FL | | 5897 COMMERCE LANE S. MIAMI, FL 33143 | | | | | |
| 3: (((/(),)), 1 C | . 55145 | 3. MIAMI, FE 33143 | | | | | |
| | | | | | | | |
| _ | | | 04272008 No Chg-P CR2E034 (11/05) | | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Numb | er | | Applied For |
| | | | | 56-255 | 2596 | | Not Applicable |
| | | | | 5. Certificate | of Status Desired | | 75 Additional Required |
| | 6. Name and Address of Current R | legistered Agent | | <u> </u> | | | |
| NUNEZ, IVAN A. 5897 COMMERCE LANE S. MIAMI, FL 33143 | | | | | NOT W | | |
| | | | | | | | |
| 8. The above | named entity submits this statement for | the purpose of changing its register | ed office or register | red agent, or bo | th. in the State of Flo | rida Lam famili | ar with, and accept |
| | tions of registered agent | , , | | 3 , | | | a. Williams Soupe |
| SIGNATURE. | | | | | | | |
| | Signature, typed or printed name of registered agent ar | d trite it applicable (NO1E Registers | ed Agent signature required | d when reinstating) | _ | DATE | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0 | ncing \$5 | .00 May Be led to Fees | U0000 | 0934362 | | |
| 10. | OFFICERS AND D | IRECTORS | - | | 05/23/08 | -80029-0 | 19 150.00 |
| TITLE NAME | NUNEZ, IVAN A. | | | | | | |
| STREET ADDRESS | 5897 COMMERCE LANE | | | | | | |
| CITY-S1-ZIP | S. MIAMI, FL 33143 | | 1 | | | | |
| TITLE NAME | | | | | | | |
| STREET ADDRESS | | | 1 | | | | |
| CITY-ST-ZIP | | | 1 | | | | |
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| NAME | | | | 11.8 | THIS SP | ACE | |
| STREET ADDRESS | | | | | | | |
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| TITLE | | | 1 | | | | |
| NAME CIRCLY ADDRESS | | | | | | | |
| STREET ADDRESS CITY-S1-ZIP | / | • | I . | | | | |
| 12. I hereby o | certify that the information supplied with t | his filing does not qualify for the ex- | emptions contained | in Chapter 119 |), Florida Statutes. I : | lurther certify th | at the information |
| indicated | on this report of supplemental report is t poration or the jeceive or trustee empoy or on an attacriment with an accisess, wi | rue and accurate and that my signa | ture shall have the : | same legal effec | t as it made under o | ath: that I am an | officer or director |