2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013246

1. Entity Name

NICK-O AUTO DIAGNOSTIC, INC.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1479 SOUTHWEST 6TH STREET MIAMI, FL 33135

1479 SOUTHWEST 6TH STREET MIAMI. FL 33135



DO NOT WRITE IN THIS SPACE

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4203670

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIA F 1479 SW 6TH STREET MIAMI, FL 33135 DO NOT WRITE
IN THIS SPACE

6. 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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

· FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees U00000931463 05/22/08-80015-025 150.00

OFFICERS AND DIRECTORS 10. PSTD TITLE NAME RODRIGUEZ, NICOLAS STREET ADDRESS 1479 SOUTHWEST 6TH STREET CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME RODRIGUEZ, MARIA F STREET ADDRESS 1479 SW 6TH STREET CiTY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rodriguez

4/20/08

Daytime Phone #