2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # P06000027958** AERO K GARAGE, INC. 04-23-2008 90045 043 ***150 00 Principal Place of Business Mailing Address 9505 NW 49TH COURT 9505 NW 49TH COURT CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 US LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192008 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number APPLIED FOR 26-0259375 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARAKOUZIAN, RAFFI Street Address (P.O. Box Number is Not Acceptable) 9505 NW 49TH CT. CORAL SPRINGS, FL 33076 City Zip Code 8. The above named ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. † am familiar with, and accept the obligations of stered agent. SIGNATURE rinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITI F KARAKOUZIAN, RAFFI NAME NAME STREET ADDRESS 9505 NW 49TH CT. STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIRE TITLE KARAKOUZIAN, CHANTE NAME NAME STREET ADORESS 9505 NW 49TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33076 VΡ TITLE ☐ Change ☐ Addition ☐ Delete TiTLE DAVIDSON, JEROME NAME NAME STREET ADDRESS STREET ADDRESS 5606 NW 117TH AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33076 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE 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 supplied ental 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 receive the 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