2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 06, 2008 08:00 AN DOCUMENT # P06000122072 Secretary of State FREDDY CAR & PARTS INC Principal Place of Business Mailing Address 6494 COLLINS AVE., SUITE 26 6494 COLLINS AVE., SUITE 26 MIAMI BCH, FL 33141 MIAMI BCH, FL 33141 02292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5592632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, FREDDY J DO NOT WRITE 6494 COLLINS AVE., SUITE 26 MIAMI BCH, FL 33141 IN THIS SPACE 8. The above named entity submits this st t 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 age 3-4-200P SIGNATURE. ed age wand title if applicable Signature, typed or printe (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FERNANDEZ, FREDDY J STREET ADDRESS 6494 COLLINS AVE., SUITE 26 CITY-ST-ZIP MIAMI BCH, FL 33141 TITLE 000000849215 03/21/08-80011-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE 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-ZIP 12. I hereby certify that the information supplied with his 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED