2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P07000086652 02-28-2008 90009 021 ***150.00 1. Entity Name LM PAINT & BODY SHOP, INC Principal Place of Business Mailing Address 3400 NW 46TH ST. 3400 NW 46TH ST. MIAMI, FL 33142 MIAMI, FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5306 NW 35TH AVENUE 8215 LAKE DRIVE Suite, Apt. #, etc. Suite. Apt. #, etc. 02112008 CR2E034 (12/06) Chg-P APT #_405 4. FEI Number 56-2672498 City & State City & State Applied For Not Applicable MIAMI, FLOR-IDA DORAL, FLORIDA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33142 MIAMI-DADE 33166-7815 DORAL Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nurpe HERNANDEZ, LUIS A HERNANDEZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 3400 NW 46TH ST. <u>8215 LAKE DRIVE</u> MIAMI, FL 33142 APT # 405 City DORAL -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. LUIS A HERNANDEZ PRESIDENT 2/18/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE TITLE ☐ Delete K Change Addition HERNANDEZ, LUIS A HERNANDEZ, LUIS A NAME NAME STREET ADDRESS 3400 NW 46TH ST. STREET ADDRESS 8215 TAKE DRIVE APT # 405 CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP DURAL, FL 33166-7815 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - ZIP Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change HILE ☐ Delcte TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 28, 2008 8:00 am

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 yue 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 tristler shipowed 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 ship address with all other like empowered.

SIGNATURE: