## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000094217

Entity Name: MIAMI CAR LUXURY, INC

FILED May 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4019 NW 25TH ST 3396 NW SOUYH RIVER DR MIAMI, FL 33142 MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 19330 NW 57TH CT MIAMI, FL 33015 FEI Number: 26-0719476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMARRE, CARLOS J 19330 NW 57TH CT MIAMI, FL 33015 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAMARRE, CARLOS J Name: Name: 19330 NW 57TH CT Address: Address: City-St-Zip: MIAMI, FL 33015 City-St-Zip: Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete Name: CASTILLO, ZOBEIDA E Name: NUNEZ, JUAN A 942 WEST 66TH ST 8215 NW 191 LN Address: Address: HIALEAH, FL 33012 MIAMI, FL 33015 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete ( ) Change (X) Addition CASTILLO, ZOBEIDA E Name: Name: 942 WEST 66TH ST Address Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33012 Title: () Delete Title: VΡ ( ) Change (X) Addition ALONZO, ANA P Name: Name: Address: Address: 8215 NW 191 LN City-St-Zip: City-St-Zip: MIAMI, FL 33015 Title: Title: SEC ( ) Change (X) Addition ( ) Delete BLAS, MIGUEL A Name: Name: Address: Address: 6155 NW 186 ST City-St-Zip: City-St-Zip: HIALEAH, FL 33015 Title: () Delete Title: SEC ( ) Change (X) Addition ROJAS, FLORANGEL Name: Name: Address: Address: 942 WEST 66TH ST City-St-Zip: City-St-Zip: HIALEAH, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS J LAMARRE P 05/07/2008