FILED Apr 30, 2008 8:00 am Secretary of State 04-09-2008 90028 027 ***150.00

2008 FOR PROFIT CORPORATION SANNUAL REPORT

DOCUMENT # P07000103918 1. Entity Name MARKENSY CAR CARE CENTER, INC						04-09-20	J8 90028 0 <i>27</i> ****	130.00
Principal Place	e of Business	1	7	00	00000			
7219 NW 2N B	D AVENUE	7219 NW 2ND / B	7219 NW 2ND AVENUE B			66008800		
MIAMI, FL 33	3150 US	T	MIAMI, FL 33150 US			837 1561 8371 8381 61		
,	lace of Business - No P.O. Box		<u> </u>			3 5		
Suite, Apt. #, etc.		Suite, Apt. #, atd			03022008	Chg-P	CR2E034 (12/06)	onlind Far
City & State		City & State	City & State		4. FEI Numb		145	oplied For of Applicable
Zip	Country	Zip	Zip Coun		5. Certificate	e of Status Desired	S8.75 Add Fee Require	
	- 6. Name and Address of C		7. Name and Address of New Registered Agent					
7219 NW 2	MARKENSY 2ND AVENUE		•	Street Address (P.O. Box Number is Not Acceptable)				
B MIAMI, FL	33150							
}			Ţ				FL Zip Cod	le
	named entity submits this state	ed office or registe	ered agent, or bo	oth, in the State of F	orida. I am familiar with,	and accept		
the obligations of registered agent.								
SignATURE					ed when remetating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution								
10.		RS AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	PIERRE, MARKENSY	□ Dele	TE INTL	_			Change	Addition
STREET ADDRESS	7219 NW 2ND AVENUE			EET ADDRESS				ļ
TITLE	MIAMI, FL 33150	Dek		r-ST-ZIP			☐ Change	☐ Addition
NAME	PIERRE, MARKENSY		NAM	AE				J. 98
STREET ADDRESS	7219 NW 2ND AVENUE MIAMI, FL 33150		- I	EET ADDRESS (-ST-20°				
TITLE		□ Dele		l l			Change	☐ Addition
NAME STREET ADDRESS	•		NA# STR	ae Eet adoress				
CITY-ST-ZIP				r-\$t-zip		···		
TITLE NAME		□ Dele	TITE ON				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (+5T-ZIP				
TILE		☐ Dela	te TITL	1			Change	Addition
STREET ADDRESS			STR	EET AOORESS				
CITY-ST-ZIP				(-\$T-ZIP			5	
TITLE NAME	l	. 🗀 Dek	de Hill NAA				☐ Change	Addition
STREET ACCRESS CITY-ST-ZIP				EET ADDRESS (-SI-ZIP	<u></u>			
12. I hereby certify that the information supplied with this filling 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 507, 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 HALKELS HALL Markensy Tieres 3/4 05 758-6477 SIGNATURE AND TYPES ON BIGHTED WARE OF SENERGY OFFICER OR DIRECTOR Daylore Prove.								