2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P93000064735 03-21-2007 90038 023 ***150.00 1. Entity Name TEDÉSCO CARS, INC. Principal Place of Business Mailing Address 60026354 8602 TEMPLE TERRACE HWY 8602 TEMPLE TERRACE HWY D-27 D-27 TEMPLE TERRACE, FL 33617 TEMPLE TERRACE, FL 33617 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3203330 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, MIKE Street Address (P.O. Box Number is Not Acceptable) 8602 TEMPLE TERRACE HWY TEMPLE TERRACE, FL 33617 City Zip Code 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. SIGNATURE. DATE 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, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change ☐ Addition NAME DIAZ, MIKE NAME STREET ADORESS 8602 TEMPLE TERRACE HWY STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE, FL 33617 CITY-ST-ZIP ☐ Delete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Hito Win

3/12/07

(813) 987-9041

FILED Mar 21, 2007 8:00 am