2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000071000

City-St-Zip:

MIAMI, FL 33165

Entity Name: MILLER TIRE & AUTO REPAIR, INC.

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|---|---|-----------------------------------|---|--|--|
| 10773NW PMB#542 MIAMI, FL | | | | | |
| Current Mailing Address: | | | New Mailing Address: | New Mailing Address: | |
| 10773NW PMB#542 MIAMI, FL | | | | | |
| FEI Number | : 65-0441429 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 10773NW PMB#542 | DE JESUS ES 58 TH ST 33178 US | TRADA | | | |
| | e named entity : e of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () ESTRADA, MN/ 6380 NW 114 A MIAMI, FL 331 | AVE. APT335 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: Address: City-St-Zip: | VP () BRENS, ILEN) 6380 NW 114 A MIAMI, FL 331 | \V APT 335 | Title: (Name: Address: City-St-Zip: |) Change ()Addition | |
| Title: Name: | REYES, ANGE | Delete L E H STREET PMR#542 | Title: (Name: Address: |) Change ()Addition | |

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.

City-St-Zip:

SIGNATURE: MANUEL ESTRADA P 04/29/2009