2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME HEREADO, LUIS H 1450 NW 136 ST CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	MENT # P95000041 o repair, corp.			03-24-2008 90047 009 ***150.00					
MMMI, FL 331/2 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Surio, Apil. #, etc. Subs. Apil. #, etc. Subs	Principal Place of Business Mailing Address			,	400511	588				
MIMM, Ft. 33126 US Suite, Apt #, etc. Suite, Apt #, etc. Q2272008 Chg-P CR2E034 (12/06) City & State	====		4545 N.W 7TH STREET		40000	733				
Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Size Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Size Address (P O Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in in the State of Florids. I am familiar with, and accept the religious or degistered agent of registered agent, or both, in in the State of Florids. I am familiar with, and accept the religious or degistered agent of registered agent or both in in the State of Florids. I am familiar with, and accept the religious or degistered agent or degistered agent agent agent agent or both, in in the State of Florids. I am familiar with, and accept the religious or degistered agent or degistered agent	MIAMI, FL 33142		· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I 1970) ANN ATNI SANKI	 	11 8 1 18 1 481	 	
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Country Zip Country Since Status Desired \$8.75 Additional Fee Required Fee Require	City & State		City & State		1					
PEREZ, MARTIN L 5720 S.W. 149TH AVE. MIAMI, FL 33193 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Floride. I am farmiliar with, and accept the obligations of registered agent. SIGNATURE Spream, hord or prison named registered agent and the resolutate (NOTE Registered Agent signature resulted when mentalized) DATE	Zip	Country	Zip	Country				\$8.75 Additional		
PEREZ, MARTIN L 5720 S.W. 149TH AVE. MIAMI, FL 33193 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Title NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		6. Name and Address of Current	-							
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DEDET M	A D T I N I		Name	Name					
Either 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 farmiliar with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature Signature	5720 S.W. 149TH AVE.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. SIGNATURE Suppluse, hond or printed name of registered agent and bife if applicable. (NOTE Registered Agent signature required when nonstaking) After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. \$4 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE NAME PEREZ, MARTIN L NAME STREET ADDRESS 5720 S.W. 149TH AVE. STREET ADDRESS CITY-S1-2P ITIE NAME NAME HEREADO, LUIS H STREET ADDRESS STREET ADDRESS CITY-S1-2P ITIE NAME NAME STREET ADDRESS CITY-S1-2P ITIE NAME STREET ADDRESS S	MIAMI, FL	33193								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. 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; an officer or director of that my name appears in Block 10 or Block 11 if chapter 607, or on an attachment with an address, with all other like exprowered

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

03/10/08 305-633-