

### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000051747</b> 1. Entity Name <b>SILVER STAR WORLDWIDE AUTO REPAIR, INC.</b>	
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Principal Place of Business <b>74 NORTH YONGE STREET ORMOND BEACH, FL 32174</b>	Mailing Address <b>74 NORTH YONGE STREET ORMOND BEACH, FL 32174</b>
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07292008 No Chg-P CF2E034 (11/08)

4. FCI Number <b>59-3325963</b>	Applied For No Applicable
5. Certificate of Status Used <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>AQUINO, ENZO 74 NORTH YONGE STREET ORMOND BEACH, FL 32174</b>
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8. The above named entity submits this statement for the purpose of changing its registered office to registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
Name, last or entire name of registered agent or officer      Print Name of Agent or Officer      DATE

<b>FILE NUMBER: PER IS \$350.00</b> Due by September 12, 2008	9. Election Campaign Financing (Trust Fund Contribution) <input type="checkbox"/> <b>\$5.00</b> may be Added to Fees
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OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>AQUINO, ENZO</b> <b>5 REFLECTIONS VILLAGE</b> <b>ORMOND BCH., FL 32174</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>AQUINO, ENZO</b> <b>5 REFLECTIONS VILLAGE</b> <b>ORMOND BCH., FL 32174</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>AQUINO, ENZO</b> <b>5 REFLECTIONS VILLAGE</b> <b>ORMOND BEACH, FL 32174</b>
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09/03/08-80004-007 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions considered in Chapter 119, Florida Statutes. I further certify that the information included on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the member to whose information to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 in Block 11 of this report, or on an attachment with an address, with all other who empowered.

**SIGNATURE:**  **386-672-5455**