2007 08:00 AM

ANNUAL REPORT				Secretary of State			
	MENT # P950000714	120			S		y or seatt
1. Entity Name DINO'S A	OUTOMOTIVE, INC.						
Principal Place of Business 18631 S.W. 105TH PLACE PERRINE, FL 33157		Mailing Address 18631 S.W. 1051H PLACE PERRINE, FL 33157					
				02142007	No Chg-P	CR2E034 (	
D	O NOT WRITE	E	4. FEI Numbe 65-0614	r		Applied For Not Applicable	
•				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	egistered Agent					
	OHN P TH STREET AD, FL 33030			NOT W			
	named entity submits this statement for ons of registered agent.	he purpose of changing its registered	office or register	red agent, or bot	h, in the State of Fl	orida. I am famil	iar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	d trite if applicable (NOTE Registered A	gent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Election Campaign Financin     Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS		· · · · · · · · · · · · · · · · · · ·			
NAME STREET ADDRESS CITY-ST-ZIP	D SAENZ, MARLON 668 NW 124 AVE MIAMI, FL 33182				UC 05/08	100007292 1707-8003	213 81-002 150.0
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME				IN 7	THIS SF	PACE	
STREET ADDRESS							
CITY-ST-ZIP							
TITLE NAME							
STREET ADORESS CITY-ST-ZIP							

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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Marion S
> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Marlon Sainz