2008 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

May 05, 2008 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P96000074680 05-05-2008 90241 046 ***150.00 OVERSEAS AUTO PART EXPORTS, INC. Principal Place of Business Mailing Address 5788 POWERLINE ROAD 5788 POWERLINE ROAD SUITE 5 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 3. Mailing Address ipal Place of Busigess - No P.O. Box # 6788 POWERLINE 5788 POWERLINE RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Suire Suite City & State Applied For City & State 4. FEI Number 65-0740715 CAUDERDALE FORT LAUBERDALE FORT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired BROWARD BROWARD 3*330*6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PITTERS, HERBERT W Street Address (P.O. Box Number is Not Acceptable) 373 NW 19TH CT POMPANO BEACH FL 33060 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1178 F CCEO ☐ Delete TITLE ☐ Change ☐ Addition NAME PITTERS, HERBERT NAME 373 N.W. 19TH CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME PITTERS, FRANCES STREET ADDRESS 373 N.W. 19TH CT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP DITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is trop 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 empoyered 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

FILED