


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 045 ***158.75

DOCUMENT # P96000078282 1. Entity Name B & A AUTOMOTIVE ENTERPRISES, INC.			
Principal Place of Business 2000 NW 96TH AVE MIAMI, FL 33172		Mailing Address 2000 NW 96TH AVE MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # <i>19338 SW 78th Ave</i>		3. Mailing Address <i>19338 SW 78th Place</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33157</i>		Zip <i>33157</i>	
Country 		Country 	
4. FEI Number 65-0704834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZADI, BEHNAM 10460 SW 186TH STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name <i>AZADI, BEHNAM</i> Street Address (P.O. Box Number is Not Acceptable) <i>19338 SW 78th Place</i> City <i>Miami</i> State <i>FL</i> Zip Code <i>33157</i>	
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 <i>[Signature]</i> DATE <i>3-18-08</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS AZADI, BEHNAM 2000 NW 96 AVE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIR Pres Sec</i> <i>AZADI, BEHNAM</i> <i>19338 SW 78th Place</i> <i>MIAMI, FL 33157</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAUAD, AZADI 2000 NW 96 AVE MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3-18-08</i> Daytime Phone # <i>305-345-7691</i>	