2007 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 26, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P96000095022 03-26-2007 90069 050 ***150.00 LIN PER AUTO REPAIR, CORP. Principal Place of Business Mailing Address THATTOMA 747 WEST 83RD STREET 747 WEST 83RD STREET HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 65-0710211 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERMIN JR, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 747 WEST 83RD STREET HIALEAH, FL 33014 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE FERMIN, FERNANDO 18% NAME FERMIN FERRANDO NAME 747 WEST 83RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIF Change TITLE VP ☐ Delete TITLE ☐ Addition FERMIN IN FERNAND -0% FERMIN JR, FERNANDO 40% NAME NAME 747 WEST 83RD STREET STREET ADDRESS STREET ADDRESS HIALEAH, FL 33014 CITY-ST-Z#P CITY-ST-ZIP TREGS. TRES Change ■ Addition ☐ Delete TITLE TITLE FERMIN, GEORGE L 40% FERMIN GEORGE L - 0 13 NAME NAME STREET ADDRESS 747 WEST 83RD STREET STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Date

Daytime Phone #