2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2007 8:00 am Secretary of State **DOCUMENT # P97000036515** 04-16-2007 90322 002 ***150.00 TANGO PAINT & BODY SHOP INC. quuv Principal Place of Business Mailing Address 2704 W 54TH STREET 2704 W 54TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1760 West 41 Sheet Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 Chg-P CR2E034 (12/06) BAY City & State 4. FEI Number Applied For 65-0748424 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33017 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENRIQUEZ, ANTONIO R Street Address (P.O. Box Number is Not Acceptable) 2704 W. 54TH ST. HIALEAH, FL 33016 City 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE TITLE ☐ Delete Change Addition NAME ENRIQUEZ, ANTONIO R NAME 1760 WEST HISTREET BAY A-B HIDJEAN A 33012 STREET ADDRESS STREET ADDRESS 1711 WEST 40 STREET BAY 6 HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP VD TITLE ☐ Delete TITLE M Change Addition 1760 WEST 41 STREET BAY A-B HIAKAN F 33012. CHAZARRETA, MA. CONCEPCION NAME NAME 1711 WEST 40 STREET BAY 6 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ENRIQUEZ, MONICA NAME NAME 1760 West 41 STREET BAY A-B. HAPLED & 33012. STREET ADDRESS 1711 W 40 ST BAY 6 OTRICET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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 comparation or the repeiver 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 charged for on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: X

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition

FILED