2007 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P97000050712 1. Entity Name 04-17-2007 90057 014 ***150 00 BESTWAY AUTOMOTIVE, INC. Principal Place of Business Mailing Address 8360 W. FLAGLER ST. 2196 N.W. 24TH COURT MIAMI FL 33142 206 **MIAMI FL 33144** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-0765688 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rodriguez RODRIGUEZ, JUAN I Street Address (P.O. Box Number is Not Acceptable) 2196 N.W. 24TH COURT **MIAMI FL 33142** NW 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. 1000 🗹 Defele НП □ Change Addition RODRIGUEZ, JUAN I NAMI 2196 N.W. 24TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CHY S1-7IP CITY ST ZIP Change ☐ Delete ■ Addition ШII niu Rodriguez, Isis B. RODRIGUEZ, ISIS B NAME 2196 NW Z4 CT. 2196 N.W. 24TH COURT STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** Miami, FL 33142 CHY+SI+ZIP CITY ST ZIP Delete 11111 ☐ Change Addition DILL NAMI NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY-S1-7IP Change Addition HILLE ☐ Delete HILL NAME NAMI STREET ADORESS STREET ADDRESS CITY ST 7JP CITY ST ZIP ☐ Change ☐ Addition TITLE ☐ Delete THEE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7IP CHY-SL-7IP Change Addition THEF Delete 1010 NAME NAME STREET ADDRESS STREET ADDRESS CHY-SL-ZIP CHY SI-7P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. Further certify that the information

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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. SIGNING OFFICER OR DIRECTOR