2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 25, 2008 08:00 AM Secretary of State **DOCUMENT # P98000003946** 1. Egily, Name BENNY & ALLAN'S AUTOMOTIVE SERVICES, INC. Principal Place of Business Mailing Address 5831 SW 70 ST 5831 SW 70 ST MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & Stafe 4. FEI Number Applied For 65-0805169 Not Applicable \$8.75 Additional Zιρ Country Ζιp Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPEL, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 6751 SW 38 STREET **MIAMI FL 33155** Zip Code City 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 Sign store, typed or primed hansilof registered agent and tills. Lapplicable. (NOTE: Registried Agent eignature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Defete TITLE Change Addition TITLE NAME NAME MARTINEZ, BENICIO U00000835742 '29/08<u>-80045-023</u> STREET ADDRESS 8514 S.W. 102ND PLACE STREET ADDRESS CITY - ST- ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE **VPD** ☐ Derele TITLE Addition BORRAJERO, ALLAN R NAME NAME STREET ADDRESS 15201 SW 139 COURT STREET ADDRESS CITY-ST-2IP MIAMI FL 33177 CITY-ST-ZIP MILL Derete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-219 CITY-S1-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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 Section 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

MATURE AND TYPED OR PRINTED NAME OF SIGNING FRICER OR DIRECTOR

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