2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018065

Name:

Address:

City-St-Zip:

Entity Name: SURTIDORA AUTOMOTRIZ INTERNATIONAL, INC.

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3835 NW 32ND AVE 3835 NW 32ND AVE BAY #5 MIAMI, FL 33142 MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** PO BOX 350026 MIAMI, FL 33135 FEI Number: 65-0818312 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, EDUARDO A 10237 NW 9TH STREET CIRCLE **APT 205** MIAMI, FL 33172 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALVAREZ, EDUARDO A Name: Name: 10237 NW 9TH STREET CIRCLE APT 205 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ALVAREZ, SONIA A Name: ALVAREZ, SONIA A 10237 NW 9TH STREET CIRCLE APT 205 10237 NW 9TH STREET CIRCLE APT 205 Address: Address: MIAMI, FL 33172 MIAMI, FL 33172 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ALVAREZ, JACQUELINE R Name: Name: 13620 S.W. 78 PL Address: Address: City-St-Zip: MIAMI, FL 33158 City-St-Zip: Title: () Delete Title: 2-V () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ALVAREZ, RONNY

MIAMI, FL 33172

10237 NW 9TH. STREET CIRCLE APT 205

SIGNATURE: EDUARDO A ALVAREZ P 01/04/2008