

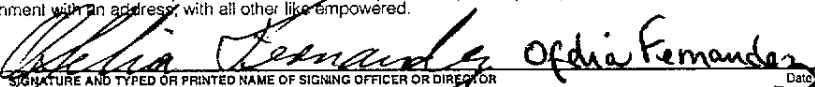


FILED
Mar 06, 2004 08:00 AM
Secretary of State

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|---|--|------------------------------------|--|--|--|---|--|---|--|-----------|--|
| DOCUMENT # P98000077564 | | | |  | | Secretary of State | | | | | |
| 1. Entity Name BAHAMAS AUTO REPAIRS, INC. | | | | | | | | | | | |
| Principal Place of Business 4782 S.W. 75TH AVENUE MIAMI, FL 33155 | | | | Mailing Address 4782 S.W. 75TH AVENUE MIAMI, FL 33155 | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |  | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 01262004 Chg-P CR2E034 (10/03) | | | |
| City & State | | | | City & State | | | | 4. FEI Number 65-0862130 | | | |
| Zip | | Country | | Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | |
| FERNANDEZ, OFELIA 122770 N.W. 9TH ST. MIAMI, FL 33182 | | | | | | Name | | | | | |
| | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | | |
| | | | | | | City | | | | 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE | | PD <input type="checkbox"/> Delete | | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | FERNANDEZ, OFELIA | | | | NAME | | U000000078116 | | | |
| STREET ADDRESS | | 12770 N.W. 9TH STREET | | | | STREET ADDRESS | | 03/08/04-80014-022 150.00 | | | |
| CITY - ST - ZIP | | MIAMI, FL 33182 | | | | CITY - ST - ZIP | | | | | |
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| CITY - ST - ZIP | | | | | | CITY - ST - ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Ofelia Fernandez 2/27/04 | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | |