2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P99000047140 17 AVENUE MUFFLER SHOP, INC. Principal Place of Business Mailing Address 3151 NORTHWEST 17TH AVENUE 8690 GRAND CANAL DR. MIAMI, FL 33142 MIAMI, FL 33144 US 02252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0942831 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SIERRA, MARILYS DO NOT WRITE 3151 NORTHWEST 17TH AVENUE MIAMI, FL 33142 IN THIS SPACE 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!!! FRE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE SIERRA, MARILYNS NAME STREET ADDRESS 3151 N.W. 17 AVENUE MIAMI, FL 33142 CRY-ST-ZIP TITLE 000000510320 04/29/06-80001-020 150.00 NAME SIERRA, MARILYNS 3151 N.W. 17 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #