2006 FOR PROFIT CORPORATION

FILED Jan 27, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000058034 IMPORTED CARS REPAIR, INC. Mailing Address Principal Place of Business **5766 DAWSON ST** 5766 DAWSON ST HOLLYWOOD, FL 33023 HOLLYWOOD, FL 33023 CR2E034 (11/05) 01122006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0927644 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE PENA, HECTOR DO NOT WRITE 8230 NW 11 ST PEMBROKE PINES, FL 33024 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE DE PENA, HECTOR NAME U00U00406434 8230 NW 11 ST STREET ADDRESS 02/07/06-80085-024 150.00 CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

 thereby certify that the information significated on this report or supplement of the corporation or the receiver or flichanged, or on an attachment with an extension. this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information flue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director detect to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR