2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2008 8:00 am Secretary of State DOCUMENT #.P99000093866 1. Entity Name 04-23-2008 90035 044 ***150.00 NICK'S AUTO BROKERS CORP. Principal Place of Business Mailing Address 847 SW 8TH STREET MIAMI FL 33130 847 SW 8TH STREET MIAMI FL 33130 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 & State 4. FEI Number Applied For 65-0957704 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, NICOLAS Street Address (P.O. Box Number is Not Acceptable) 847 SW 8TH STREET MIAMI FL 33130 Zip Code 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. (NOTE Registered Agent signature required when reinstituting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIT! E PSTD ☐ Delete TITLE Change Addition PTD NAME HERNANDEZ, NICOLAS NAME Hernandez, Nicolas 847 SW 8TH STREET STREET ADDRESS STREET ADDRESS 847 S.W. 8th. Street CITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP Miami, Fl. 33130 ☐ Delete TITLE Channe **XX** Addition NAME Hernandez, Nick STREET ADDRESS STREET ADDRESS 9513 S.W. 20 Terrace Miami, Fl. 33165 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Derete ☐ Change XX Addition Janet C. Arosemena MAME NAME STREET ADDRESS STREET ADDRESS 8600 S.W. 83 Street CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33143 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition 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.

77 Sommal Nicolas Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PERS

FILED

305-854-2009

Daytime Phone #

03-24-08