2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

Principal Place of Business Mailing Authoress 1071 W, SSTH PLACE HALEAH, FL 33012 US	DOCUMENT # S71725 1. Entity Name R & S AUTOMOTIVE SUPPLIES, INC.					02-28-2008	90019 040 ***15		
Suito Apt 4, ctc.	1071 W. 551	TH PLACE	1071 W. 55TH PLACE				II A IANA BARAN BARA		
City & State	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Time	Suite, Apt. #, etc.		Suite, Apt. #. etc.		02032008	Chg-P	CR2E034 (12/06)		
S. Celeficace of Status Desired Fee Required	City & State		City & State				— — —		
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	· Zip	Country	5. Certificate	of Status Desired			
SALVADOR, JESUS RAUL 1071 WEST 5TH PLACE HIALEAH, FL 33012 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am amiliar with, and eccept the collipations of registered agent agent and tresh approach. SIGNATURE Parameter investor or monthment or signatured agent and tresh approach. (MOTE Registered Agent agent and tresh approach.) Parameter investor or monthment or signatured agent and tresh approach. (MOTE Registered Agent agent are invited worn returning)		6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New F	Registered Agent		
1071 WEST 55TH PLACE				Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept it the obligations of registered agent. SIGNATURE Symbolic typed or product agent and Story Instruction Purpose of Changing its registered agent, or both, in the State of Florida. I am familiar with, and accept it the obligations of registered agent. SIGNATURE Symbolic typed or product agent and story it and story it to be supported agent and story it to be supported agent and story it to be supported agent. Or both, in the State of Florida. I am familiar with, and accept it to be supported agent, or both, in the State of Florida. I am familiar with, and accept it to be supported agent. Or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept it is obligations of registered agent. SIGNATURE Public Pub	1071 WEST 55TH PLACE			Street	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE Signature Si					City FL Zip Code				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 PSEIGNOON STREET ADDRESS ONLY 1, 2008 Fee will be \$550.00 Trust Fund Contribution			or the purpose of changing its	registered office	or registered agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accept	
### FILE NOW!!! FEE IS \$150.00 ### Trust Fund Controlucion. \$5.00 May Be Added to Fees	SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	: Rugistered Agent sign	iture required when reinstating)		DATE		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information	CHY-ST-ZIP				1				

12. Thereby 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 AND SEED OF MINTERNAME OF SIGNING OFFICER OR DIRECTOR

X2/25/07 5F6-05 F