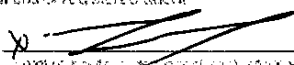
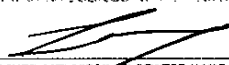


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90056 037 ***150.00

DOCUMENT # V15879 1. Entity Name PEROCARPI AUTO TECH. INC.			
Principal Place of Business 12436 SW 128TH ST #4 MIAMI, FL 33186 US		Mailing Address 12436 SW 128TH ST #4 MIAMI, FL 33186 US	
2. Principal Place of Business - No P.O. Box 12470 SW 128 ST Suite Apt # etc		3. Mailing Address 12470 SW 128 ST Suite Apt # etc	
City & State Miami, FL Zip 33186		City & State Miami, FL Zip 33186	
Country USA		Country USA	
4. FEI Number 65-0316582		Added For Net Asset Code	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASSING, MARCELO V 12436 SW 128 ST #4 MIAMI, FL 33186		7. Name and Address of New Registered Agent 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 authorized with and accept the obligations of registered agent.			
SIGNATURE 			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Declaration Financing Trust Fund Contribution ☐	
\$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD HASSING, MARCELO V 12436 SW 128ST #4 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD HASSING, MARCELO V 12470 SW 128 ST Miami, FL 33186
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 11A, 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 a "other" be empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			