FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 19, 2002 8:00 am Secretary of State DOCUMENT # V67077 1. Entity Name 08-19-2002 90145 009 ***150.00 RYAN'S GERMAN CAR REPAIR, INC. Principal Place of Business Mailing Address 8829 S.W. 129TH ST. 8829 S.W. 129TH ST. MIAMI FL 33176 **MIAMI FL 33176** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. -City & State City & State 4. FEI Number Applied For 65-0356316 Not Applicable Zip Zip Country \$8.75 Additional Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWLEY, RYAN E. Street Address (P.O. Box Number is Not Acceptable) 8829 S.W. 129 ST. MIGMI FL 33176 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ROWLEY, RYAN E. NAME STREET ADDRESS 8829 S.W. 129 ST. STREET ADDRESS CITY-ST-ZIP MIÁMI FL CITY-ST-ZIP TITLE VTS Delete TITLE Change ☐ Addition NAME ROWLEY, MARY NAME? STREET ADDRESS 8829 SW 129 STR STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP. TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if nt with an addres

NAME

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE:

STREET ADDRESS

(10/6)

Attachment 95392 To whom it May Concern number of reason's-My Wife always handled filing this yearly report.

But my wife care down with colon carces which has required. exensise treatment and surge the has lost her colon & rection & Buck Bag & has to be feel threw a tube in her storrach. This has caused a Severe financel hard ship on us.

I am Being forced to run the bursness By

my self + provide care for her.

We are having seure first money problems.

I hope you will forgive us for Being late sincerly Ryan & Rowley,