2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H63363

1. Entity Name
MILITARY BRAKE AND ALIGNMENT SERVICE, INC.

Principal Place of Business	Mailing Address
4449 12TH STREET WEST PALM BEACH, FL 33409	4449 12TH STREET WEST PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2542327	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, BRUCE T
4449 12TH STREET
W. PALM BEACH, FL 33409

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACOBS, BRUCE T
STREET ADDRESS	4449 12TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	S
NAME	JACOBS, CINDY
STREET ADDRESS	4449 12TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33409

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000596504
01/23/07-80081-025 150.00

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IN THIS SPACE

12. I hereby 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: _X_____   X 1/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #