2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #K33667 1. Entity Name L & G AUTO SERVICE, INC. Principal Place of Business Mailing Address 910 S. DIXIE HWY. 910 S. DIXIE HWY. HOLLYWOOD, FL 33020-5944 HOLLYWOOD, FL 33020-5944 DO NOT WRITE IN THIS SPACE 5. Certificate of Status Desired

FILED Apr 23, 2007 08:00 Al Secretary of State



04162007	No Chg-P	CR2E	:034 (11/	05)
4. FEI Number			Applied For	
65-0073			Not Applicable	
			\$9.75	Additional

					Lee Kaddiled	
6. Name and Address of Current Registered Agent						
GALLARDO, LUIS JR. 1916 NORTH 36TH AVENUE HOLLYWOOD, FL 33021-4829			DO NOT WRITE IN THIS SPACE			
8 The above	named entity submits this statement for the n	unose of changing its registere	d office or r	enistered agent, or by	oth, in the State of Florida. I am familiar with, and accept	
	ions of registered agent.	or bose or criticitally its registere	a onice or i	agistarad agant, or be	on, in the State of Florida. Familianilla: with, and accept	
-	• -					
SIGNATURE.						
	Signature, typed or printed name of registered agent and little 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 Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE	D				•	
NAME	GALLARDO, LUIS JR				,	
STREET ADDRESS	1916 NORTH 36TH AVENUE				1	
CITY-ST-ZIP	HOLLYWOOD, FL 330214829					
TITLE	р				· ·	
NAME	GALLARDO, MAYDA					
STREET ADDRESS	1916 NORTH 36TH AVENUE					
CITY-ST-ZIP	HOLLYWOOD, FL 330214829					
	11022111000,72 3002111025				•	
TITLE NAME						
STREET ADDRESS		•				
CITY-ST-ZIP				DO	NOT WRITE	
		•		-		
TITLE NAME				IN	THIS SPACE	
STREET ADDRESS					1	
CITY-ST-ZIP						
TITLE					U00000722064	
NAME STREET ADDRESS					05/02/07-80016-013 150. 00	
CITY-ST-ZIP						
TITLE						
NAME CONCER ADDRESS						
STREET ADDRESS CITY-ST-ZIP					,	
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 ar

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #