

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000077062</b>	
1. Entity Name H & M SOUTH AUTO BODY REPAIRS, L.L.C.	

Principal Place of Business 395 NORTH FLAGLER AVE. HOMESTEAD, FL 33030	Mailing Address 395 NORTH FLAGLER AVE. HOMESTEAD, FL 33030
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1737076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MOUSSAWEL, MAHMOUD 2675 SW 69TH COURT MIAMI, FL 33155
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**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOUSSAWEL, MAHMOUD 2675 SW 69TH COURT MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOUSSAUUEL, DORA 14050 SW 16 CT MIAMI, FL 33175
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Carlos Zamora* Carlos Zamora 03/02/07 305247-9161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #