


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M73970		
1. Entity Name AA+ AUTO REPAIR AND INSTANT MUFFLER, INC.		

Principal Place of Business 1130 S STATE RD 7 HOLLYWOOD, FL 33023 US	Mailing Address 1130 S STATE RD 7 HOLLYWOOD, FL 33023 US
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0044995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RIVERA, JESUS D 1130 S STATE RD 7 HOLLYWOOD, FL 33023	

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000323999
 04/22/05-80075-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, JESUS D. 1130 S STATE RD 7 HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIVERA, MARYBELL 1130 S STATE RD 7 HOLLYWOOD, FL 33023
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marybell Rivera **Marybell Rivera** 4-20-05 954-981-0260

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