

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2005 8:00 am
Secretary of State

04-26-2005 90131 025 ***158.75

DOCUMENT # P04000093169		
1. Entity Name AUTO SERVICIOS MORENO & PAVON, INC.		

Principal Place of Business 5695 WEST FLAGLER ST. MIAMI FL 33134	Mailing Address 5695 WEST FLAGLER ST. MIAMI FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

5. Name and Address of Current Registered Agent PATRICIO, GUARIONEX 5695 WEST FLAGLER ST. MIAMI FL 33134	
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4. FFI Number 20-1282819	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICIO, GUARIONEX 5695 WEST FLAGLER ST. MIAMI FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAVON, EBE 5695 WEST FLAGLER ST. MIAMI FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>x Guarione Patricia</i>	Date: <i>4-9/05</i>	Daytime Phone #
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