

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000094879

1. Entity Name
EMF AUTO SERVICES, INC.



Principal Place of Business
11690 WILES RD.
CORAL SPRINGS, FL 33076

Mailing Address
11690 WILES RD.
CORAL SPRINGS, FL 33076



08092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1387857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, FRANKLIN D
18808 NW 24TH PLACE
PEMBROKE PINES, FL 33029

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME TORRES, FRANKLIN D
STREET ADDRESS 18808 NW 24TH PLACE
CITY- ST- ZIP PEMBROKE PINES, FL 33029

TITLE VP
NAME TORRES, MARIA M
STREET ADDRESS 18808 NW 24TH PLACE
CITY- ST- ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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09/06/07-80004-012 558.75

**DO NOT WRITE
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/ mo/ Phone #