


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000125616**  
 1. Entity Name  
**4 POINTS AUTO REPAIR, INC.**



Principal Place of Business      Mailing Address  
**510 SOUTH WABASH AVE**      **510 SOUTH WABASH AVE**  
**LAKELAND, FL 33801**      **LAKELAND, FL 33801**

**DO NOT WRITE IN THIS SPACE**



05162008    No Chg-F    CR2E034 (11/05)

4. FEI Number <b>20-1562430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**OCHOA, CARLOS O**  
**2108 OLD TAMPA HWY**  
**LAKELAND, FL 33815**

**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 \_\_\_\_\_      U00000950951  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      06/04/08-80012-012-150.00  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** Add'l. Fee Added to Fees

In accordance with s. 607.100(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OCHOA, CARLOS O
STREET ADDRESS	2108 OLD TAMPA HWY
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	V
NAME	OCHOA, LILIA I
STREET ADDRESS	2108 OLD TAMPA HWY
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 110, 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 on the certificate of incorporation, articles of amendment, or on an attachment to an additional filing with the corporation.

SIGNATURE: *Carlos Ochoa*      5-20-08      863) 6835616  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Business Phone #