2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000066151

1. Entity Name
AUTO LAB, INC.

Principal Place of Business	Mailing Address
6921 PARTIRDGE LN ORLANDO, FL 32807	6921 PARTIRDGE LN ORLANDO, FL 32807

DO NOT WRITE IN THIS SPACE

02242004   No Chg-P   CR2E034 (10/03)

4. FEI Number   Applied For
59-3317377   Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, IRENE
6921 PARTIRDGE LN
ORLANDO, FL 32807

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 $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIVERA, IRENE
STREET ADDRESS	6921 PARTIRDGE LN
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	T
NAME	HERNANDEZ, ARMANDO
STREET ADDRESS	6921 PARTIRDGE LN
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/05/04-80039-024 150.00

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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: _Irene Rivera_ PRESIDENT 2/27/04 407-657-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #