


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000084174

1. Entity Name
A-1 MASTER AUTO CARE, INC.



Principal Place of Business 715 W MOWRY DR HOMESTEAD FL 33030	Mailing Address 715 W MOWRY DR HOMESTEAD FL 33030
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number **65-0638437** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**PUIG, WILLIAM
715 WEST MOWRY DRIVE
HOMESTEAD FL 33030**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	NAME	PUIG, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS			715 WEST MOWRY DRIVE	
CITY - ST - ZIP			HOMESTEAD FL 33030	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY - ST - ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	000000628230	NAME	02/16/07-80009-015	158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS					
CITY - ST - ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: William D. Puig 02/16/07 3053474444

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