



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000010214 1. Entity Name FOREIGN AUTO REPAIR, INC.	
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Principal Place of Business 12550 MILITARY TRAIL BOYNTON BEACH, FL 33436	Mailing Address 12550 MILITARY TRAIL BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE

	
01142007	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0716905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMMARCO, ERMANNO
7316 VIALE SONATO
LAKE WORTH, FL 33467

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SAMMARCO, ERMANNO 7316 VIALE SONATO LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SAMMARCO, JOSEPHINE 7316 VIALE SONATO LAKE WORTH, FL 33467
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05/14/07-80066-014 150.00

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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 all other like empowered.

SIGNATURE:  4-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #