2008 FOR PROFIT CORPORATION

STREET ADDRESS CHY-51-ZIP DITLE MAM STREET ADDRESS CITY-ST-ZIP

Apr 16, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P96000010214 1. Entity Name FOREIGN AUTO REPAIR, INC. Principal Place of Business Mailing Address 12550 MILITARY TRAIL 12550 MILITARY TRAIL BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0716905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMMARCO, ERMANNO DO NOT WRITE 7316 VIALE SONATO LAKE WORTH, FL 33467 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME SAMMARCO, ERMANNO STREET ADDRESS 7316 VIALE SONATO CHY-ST-ZIP LAKE WORTH, FL 33467 U000000901106 HILL 04/29/08-80052-023 150,00 NAME SAMMARCO, JOSEPHINE STREET ADDRESS 7316 VIALE SONATO CHY-SI-AF LAKE WORTH, FL 33467 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP **31**117 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

12. Thereby 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:	4-14-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #