


2007 FOR PROFIT CORPORATION ANNUAL REPORT

Annual report FILED

Apr 30 2007 08:00 AM
 Secretary of State

DOCUMENT # P97000068975			
1. Entity Name LIZARDO AUTO REPAIRS, INC.			
Principal Place of Business 12523 SW 130TH ST MIAMI, FL 33186		Mailing Address 12523 SW 130TH ST MIAMI, FL 33186	
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		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 CHICA, JOSE LIZARDO 12523 SW 130TH ST MIAMI, FL 33186		7. Name and Address of New Registered Agent Name: <i>SAME AS ABOVE</i> Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
8. The above named entity submits the 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, the registered agent.			
SIGNATURE: <i>Lizardo Chica</i>		DATE: <i>04-21-07</i>	
FILE MONTHLY FEE IS \$550.00 Due by September 6, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P LIZARDO CHICA, JOSE <input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12523 SW 130TH ST	NAME	
STREET ADDRESS	MIAMI, FL 33186	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Date	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 the annual 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 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 additional page, if an address change is indicated.			
SIGNATURE: <i>Lizardo Chica</i>		DATE: <i>04-21-07</i>	
		13072352856	

Nota: hay les mando esta copia porque ustedes nunca me mandaron formularios para llenar OK?

Atte. Lizardo Auto Repar
 tel 305 235-2856