# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P99000024331

1. Entity Name
A ONE FAMILY AUTO REPAIR INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7415 SE VILLAGE GREEN DRIVE<br>PORT ST LUCIE, FL 34952 | 7415 SE VILLAGE GREEN DRIVE<br>PORT ST LUCIE, FL 34952 |

DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0899783
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEQUITO, LUIS LOPES
915 SW CORNELIA AVE
PORT SAINT LUCIE, FL 34953

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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 date as applicable. NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S |
| NAME | LOPEZ-PEQUITO, LUIS L |
| STREET ADDRESS | 915 SW CORNELIA AVE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | P |
| NAME | NORBERTO-LOPES, MAUREEN |
| STREET ADDRESS | 915 SW CORNELIA AVE |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34953 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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05/13/08-80096-023 150.00

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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: _____ 4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #