

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000092584

FILED
Apr 28, 2009
Secretary of State

Entity Name: ALFONSO'S AUTO A/C REPAIR, INC.

Current Principal Place of Business:

2601 NW 4TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

2601 NW 4TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

106 NW SWANN MILL CIRCLE
PORT SAINT LUCIE, FL 34986

FEI Number: 65-0953234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAVITO, HERNANDO A
2601 NW 4TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

GARAVITO, HERNANDO A
106 NW SWANN MILL CIRCLE
PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: HERNANDO A GARAVITO

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARAVITO, HERNANDO A
Address: 2209 N 41ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VPD () Delete
Name: GARAVITO, JOHNNY
Address: 2209 N 41ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD () Delete
Name: GARAVITO, MARIA
Address: 2209 N 41ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: GARAVITO, VANESSA
Address: 2209 N 41ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARAVITO, HERNANDO A
Address: 106 NW SWANN MILL CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD (X) Change () Addition
Name: GARAVITO, JOHNNY
Address: 106 NW SWANN MILL CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD (X) Change () Addition
Name: GARAVITO, MARIA
Address: 106 NW SWANN MILL CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD (X) Change () Addition
Name: GARAVITO, VANESSA
Address: 106 NW SWANN MILL CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNANDO A GARAVITO

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date