

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000111337

**Entity Name:** ULTIMATE AUTO CARE, INC

**Current Principal Place of Business:**

5270 N. STATE ROAD 7  
SUITE A  
FORT LAUDERDALE, FL 33319

**Current Mailing Address:**

5270 N. STATE ROAD 7  
SUITE A  
FORT LAUDERDALE, FL 33319

**FEI Number:** 26-3952275

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEEN, RICHARD  
3991 NW 47TH AVE  
LAUDERDALE LAKES, FL 33319 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KEEN, KHARLA  
Address 5270 N STATE ROAD STE A  
City-State-Zip: FORT LAUDERDALE FL 33319

Title VPD  
Name KEEN, RICHARD  
Address 3991 NW 47TH AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

*I hereby 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 all other like empowered.*

**SIGNATURE:** KHARLA KEEN

**PRESIDENT**

**04/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date