

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000102073

**Entity Name:** PAYLESS AUTO CARE INC.**Current Principal Place of Business:**2390 NW 107TH AVE.  
DORAL, FL 33172**Current Mailing Address:**2390 NW 107TH AVE.  
DORAL, FL 33172 US**FEI Number:** 27-4543878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SONNENKLAR, JOSEPH  
2390 NW 107TH AVE.  
DORAL, FL 33172 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 P, D  
Name SONNENKLAR, JOSEPH  
Address 2390 NW 107TH AVE.  
City-State-Zip: DORAL FL 33172

Title T  
Name GREENE, TERRY GREENE  
Address 2390 NW 107TH AVE.  
City-State-Zip: DORAL FL 33172

Title S  
Name SONNENKLAR, LAUREL  
Address 2390 NW 107TH AVE.  
City-State-Zip: DORAL FL 33172

Title D  
Name GREENE, LISA  
Address 2390 NW 107TH AVE  
City-State-Zip: MIAMI FL 33172

Title D  
Name GILL, MARCY  
Address 2390 NW 107TH AVE  
City-State-Zip: MIAMI FL 33172

*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: TERRY GREENE****TREASURER****04/16/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date