### 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: JOSE L RODRIGUEZ Ρ

Electronic Signature of Signing Officer/Director Detail

# 03/20/2017

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

City-State-Zip: MIAMI LAKES FL 33015 City-State-Zip: MIAMI LAKES FL 33015

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PRESIDENT, TREASURER, DIRECTOR	Title	VP, SECRETARY, DIRECTOR	
Name	CHIDIAK, RAZEK T	Name	RODRIGUEZ, JOSE L	
Address	6187 NW 167TH STREET SUITE H-36	Address	6187 NW 167TH STREET SUITE H-36	
City State 7in.		City State 7in		

## RODRIGUEZ, JOSE L

SUITE H-36 MIAMI LAKES, FL 33015 US

SIGNATURE:

### 6187 NW 167TH STREET SUITE H-36 MIAMI LAKES, FL 33015

DOCUMENT# P11000010653

**Current Principal Place of Business:** 

### **Current Mailing Address:**

SUITE H-36

### FEI Number: 45-4719655

Entity Name: AUTO REPUESTOS EL GORDO INC

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

6187 NW 167TH STREET MIAMI LAKES, FL 33015 US

Name and Address of Current Registered Agent:

6187 NW 167TH STREET

Certificate of Status Desired: No

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.

Date

Date