

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000017647

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC0409166522**

**Entity Name:** CONTRERAS AUTO SHOP INC.

**Current Principal Place of Business:**

20601 HWY 301  
DADE CITY, FL 33523

**Current Mailing Address:**

20601 HWY 301  
DADE CITY, FL 33523

**FEI Number: 27-4980886**

**Certificate of Status Desired: No**

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

CONTRERAS, JUAN  
20601 HWY 301  
DADE CITY, FL 33523 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	D/P	Title	T/S
Name	CONTRERAS, JUAN	Name	CONTRERAS, JUAN
Address	27423 KAREFREE CT.	Address	27423 KAREFREE CT.
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	DADE CITY FL 33525

Title            VP  
Name            CONTRERAS, CARLOS  
Address        29309 BROWN RD.  
City-State-Zip: SAN ANTONIO FL 33576

*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: JUAN RAMON CONTRERAS**

**PRESIDENT**

**04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date