

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000066079

**Entity Name:** 2 MAN AUTO REPAIR INC.

**Current Principal Place of Business:**

3815 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3815 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3463479

**Certificate of Status Desired:** No

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

LARA, HECTOR  
3815 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 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 HECTOR, LARA  
Address 3815 HENDRICKS AVE.  
City-State-Zip: JACKSONVILLE FL 32207

*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:** HECTOR LARA

**PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date