


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 206524	
1. Entity Name BOYNTON AUTO SUPPLY INC	

Principal Place of Business 422 E BOYNTON BCH BLVD BOYNTON BCH, FL 33435	Mailing Address 422 E BOYNTON BCH BLVD BOYNTON BCH, FL 33435
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DO NOT WRITE IN THIS SPACE



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0821570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VALDEZ, GEORGE
4932 MISTY PINES TRAIL
LAKE WORTH, FL 33463**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000629087 02/16/07-80043-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDEZ, GEORGE 4932 MISTY PINES TRAIL LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALDEZ, VIRGINIA 4932 MISTY PINES TRAIL LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDEZ, CHRISTOPHER 825 WRIGHT DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia Valdez Virginia Valdez Sec'ties. 2/7/07 561-732-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #