

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 526430

1. Entity Name
VETTE BRAKES & PRODUCTS, INC.



Principal Place of Business
**7490 30TH AVE. N.
ST. PETERSBURG, FL 33710-9304**

Mailing Address
**7490 30TH AVE. N.
ST. PETERSBURG, FL 33710-9304 US**

DO NOT WRITE IN THIS SPACE



03112006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1721419** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ENGLANDER, LEONARD S., ESQUIRE
5959 CENTRAL AVE, STE 201
S300
ST PETERSBURG, FL 33710**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GONZALEZ, ANGELO 2024 45TH ST. NO. ST. PETERSBURG FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO GONZALEZ, JOSEPHINE 2024 45TH ST. NO. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, GARY 6319 5TH AVE. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ALAN 5255 11TH AVE. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/06-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Angelo Gonzalez **Angelo Gonzalez**

4/6/06 727-345-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #