

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # 530654

1. Entity Name
BUNCHE PARK AUTO & TRUCK REPAIRS, INC.



Principal Place of Business
**16290 N.W. 27TH AVENUE
MIAMI, FL 33054**

Mailing Address
**16290 N.W. 27TH AVENUE
MIAMI, FL 33054**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1776367	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

**JOHNSON, GRADY
16290 NW 27TH AVENUE
MIAMI, FL 33054**

**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

Sheila Johnson

(NOTE: Registered Agent signature required when reinstating)

1-15-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, GRADY
STREET ADDRESS	16290 N.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33054

TITLE	S
NAME	JOHNSON, SHEILA
STREET ADDRESS	16290 N.W. 27TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33054

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/29/08-80048-015 150.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Johnson

1-15-08

Date

Daytime Phone #