

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90003 041 \*\*\*150.00

**DOCUMENT # 628213**

1. Entity Name  
**PEDRO'S AUTO REPAIR, CORP.**



Principal Place of Business  
**1312 W. CENTRAL BLVD  
ORLANDO, FL 32806**

Mailing Address  
**1312 W. CENTRAL BLVD  
ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #

**1035 W. LANCASTER RD.**

3. Mailing Address

**1035 W. LANCASTER RD.**

Suite, Apt. #, etc.

**SUITE #1**

Suite, Apt. #, etc.

**SUITE #1**

City & State

**ORLANDO, FLORIDA**

City & State

**ORLANDO, FLORIDA**

Zip

**32809**

Country

**ORANGE**

Zip

**32809**

Country

**ORANGE**

01202007

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-4050897**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AFFORDABLE TAX & ACCOUNTING SERVICES, INC.  
4524 CURRY FORD ROAD  
# 530  
ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name **PROFESSIONAL ADMINISTRATIVE SPECIALISTS, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**1108 Villa Dr. Est. Terrace #200**

City

**Lake Mary**

FL

Zip Code

**32746**

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

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

**Margaret Pas**

(NOTE: Registered Agent signature required when reinstating)

**2/19/07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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** ☒ Delete  
NAME **FRANCISCO R. RANGEL**  
STREET ADDRESS **12758 NW 102 AVENUE**  
CITY-ST-ZIP **HIALEAH GARDENS, FL 33018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **FRANCISCO R. RANGEL**  
STREET ADDRESS **3115 BIRMINGHAM BLVD.**  
CITY-ST-ZIP **ORLANDO, FLA - 32829**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Francisco R. Rangel*  
**Francisco R. Rangel** Feb. 19, 2007 407-851-1560

Date

Daytime Phone #