

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # 638437

1. Entity Name
CENTRAL FLORIDA REMANUFACTORY, CORP.



Principal Place of Business
**2526 W. WASHINGTON ST.
ORLANDO, FL 32805**

Mailing Address
**2526 W. WASHINGTON ST.
ORLANDO, FL 32805**

DO NOT WRITE IN THIS SPACE



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1961230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAMON, OSORIO
2723 RUNNING SPRINGS LOOP
OVIEDA, FL 32765**

**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 *Ramon Osorio*

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

(NOTE: Registered Agent signature required when reinstating)

5-1-07
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	P
NAME	OSORIO, RAMON
STREET ADDRESS	2723 RUNNING SPRINGS LOOP
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	VP
NAME	OSORIO, LEANDRA
STREET ADDRESS	2723 RUNNING SPRINGS LOOP
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	ST
NAME	MADRUGA, NELSON
STREET ADDRESS	450 SUNCREST CT
CITY-ST-ZIP	OVIEDO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/07-80018-011 150.00

**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: *Ramon Osorio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07 (407)299-9011
Date Daytime Phone #