


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F37286
 1. Entity Name
S. & O. AUTOMOTIVE SERVICE CORP.



Principal Place of Business Mailing Address
4499 E. 10TH AVENUE **4499 E. 10TH AVENUE**
HIALEAH FL 33013 **HIALEAH FL 33013**



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address -
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-2100148 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ORTEGA, SIXTO R
92 WEST 38TH STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature requires whole name) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	ORTEGA, SIXTO R
STREET ADDRESS	92 WEST 38TH STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	T <input type="checkbox"/> Delete
NAME	PEREZ, CIRILO O.
STREET ADDRESS	870 W. 68TH STREET
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	U00000824570 02/20/08-80084-004 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:  **02/08/2008** **305-681-6355**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #