


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G39138**  
 1. Entity Name  
**FRANKOMAR AUTO REPAIR, INC.**



Principal Place of Business      Mailing Address  
**% FRANK O. FAGUNDO**      **% FRANK O. FAGUNDO**  
**4244 S.W. 74TH AVE.**      **4244 S.W. 74TH AVE.**  
**MIAMI, FL 33155**      **MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**



01152005    No Chg-P    CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-2285595</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**FAGUNDO, FRANK O.**  
**4244 S.W. 74TH AVE.**  
**MIAMI, FL 33155**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE Registered Agent signature required when reinstating)

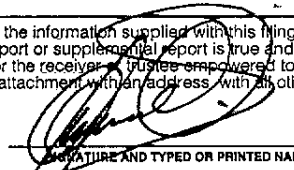
|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | UN0000231016<br>02/16/05-80012-024 150.00 |
|---|---|---|

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>FAGUNDO, FRANK O.<br>1509 MANTUA AVE.<br>CORAL GABLES, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FAGUNDO, FRANK O.<br>1509 MANTUA AVE.<br>CORAL GABLES, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver, trustee empowered to execute this report as required by 119.07, 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:**  **FRANK O. FAGUNDO.**      **02/10/05 (305-264-0315)**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

**PLEASE SIGN & DATE**