

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35416

Entity Name: CYPRESS AUTO CARE, INC.

FILED  
Jan 23, 2012  
Secretary of State

**Current Principal Place of Business:**

6201 POWERLINE ROAD  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6201 POWERLINE ROAD  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 59-2527758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COURTEN, JAMES DOUGLAS  
6201 POWERLINE ROAD  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: COURTEN, JAMES DOUGLAS  
Address: 6201 POWERLINE ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: SECY  
Name: COURTEN, JAMES DOUGLAS  
Address: 6201 POWERLINE ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: TRES  
Name: COURTEN, JAMES DOUGLAS  
Address: 6201 POWERLINE ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP  
Name: COURTEN, DORIS A  
Address: 6201 POWERLINE ROAD  
City-St-Zip: FT. LAUDERDALE, FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DORIS COURTEN

VP

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date