

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90001 015 ***150.00

DOCUMENT # H64912

1. Entity Name
SELA AUTO PAINT & ACCESSORIES, INC.



Principal Place of Business
**11811 ROYAL PALM BLVD
APT 101
CORAL SPRINGS, FL 33065 US**

Mailing Address
**11811 ROYAL PALM BLVD
APT 101
CORAL SPRINGS, FL 33065 US**

40041000



2. Principal Place of Business - No P.O. Box #
2802 Sorento
Suite, Apt. #, etc.
#115
City & State
Palm Beach Gardens, FL
Zip
33410 Country
US

3. Mailing Address
2802 Sorento
Suite, Apt. #, etc.
#115
City & State
Palm Beach Gardens, FL
Zip
33410 Country
US

03222007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2556794

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KUPFER, LAWRENCE M.
1700 UNIVERSITY DR., #110
CORAL SPGS., FL 33071**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAKIND, ALAN 11811 ROYAL PALM BLVD., APT 101 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lakind, Alan 2802 Sorento #115 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **3/22/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #