


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90007 045 \*\*\*150.00

**DOCUMENT # J78699**

1. Entity Name  
 IKE'S LUXURY AUTO SERVICE, INC.



Principal Place of Business      Mailing Address

C/O KYRIAKOS PYLARINOS      C/O KYRIAKOS PYLARINOS  
 185 SE 6TH AVE      185 SE 6TH AVE  
 DELRAY BEACH, FL 33483      DELRAY BEACH, FL 33483

2. Principal Place of Business - No P.O. Box #  
 C/O GLORIA RAIMO 8566 VIA SERENA / 8566 VIA SERENA

3. Mailing Address      C/O GLORIA RAIMO  
 8566 VIA SERENA

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Boca Raton, FL      Boca Raton, FL

Zip      Country      Zip      Country

33483      WPB      33433      WPB

03222007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

59-2812820      Not Applicable

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

6. Name and Address of Current Registered Agent

PYLARINOS, KYRIAKOS  
 185 SE 6TH AVE  
 DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name      Steven Wexel

Street Address (P.O. Box Number is Not Acceptable)  
 2710 Florida Blvd

City      Delray Beach      FL      Zip Code      33483

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: 3/22/07

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

**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	D	<input type="checkbox"/> Delete
NAME	PYLARINOS, KYRIAKOS	
STREET ADDRESS	185 SE 6TH AVENUE	
CITY - ST - ZIP	DELRAY BEACH, 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		
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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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: \_\_\_\_\_ DATE: 3/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

4009077

