## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 08:00 AM Secretary of State DOCUMENT # J90642 1. Entity Name RAY'S MECHANICAL REPAIRS, INC. Principal Place of Business Mailing Address 4306 NE 11TH AVENUE 351 N.W. 52ND COURT % RAY MOCRE 351 N.W. 52ND COURT FT. LAUDERDALE FL 33309 OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0013898 Not Applicat: Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, RAY Street Address (P.O. Box Number is Not Acceptable) 351 N.W. 52ND COURT FT. LAUDERDALE FL 33309 City 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 practed name of registered agent and tito if applicable INOTE: Retristered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE O TITLE Delete ☐ Change MOORE, RAY NAME STREET ADDRESS 1100000460400 351 N.W. 52ND COURT STREET ADDRESS 03/20/06-80008-017 150.00 CITY-ST-ZIP FT. LAUDERDALE FL CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Deiete ☐ Change Addit. NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-21P TITLE Delete KILE ☐ Change This. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Defete ☐ Change Admin. NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZfP

12. If 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:

Now Moore

RAY MOORE

3/6/06

**FILED** 

954-537-7926