

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K08674

FILED
Jun 23, 2009
Secretary of State

Entity Name: VOYAGER DIESEL REPAIR, INC.

Current Principal Place of Business:

5740 DEWEY ST.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5740 DEWEY ST.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-0044843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCE, LAWRENCE A.
1001 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH, FL 33162 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HICKS, BRUCE
Address: 5740 DEWEY ST.
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: HICKS, BRUCE
Address: 5740 DEWEY ST.
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE E. HICKS

PRES

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date