

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K12865**

1. Entity Name  
**AFFORDABLE AUTO REPAIR, INC.**



Principal Place of Business

**8288 NW 64TH ST.  
MIAMI, FL 33166 US**

Mailing Address

**8288 NW 64TH ST.  
MIAMI, FL 33166 US**

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number

**65-0028888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, LEIGH M.  
2701 LE JUNE RD., #404  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FEGER, NEIL H
STREET ADDRESS	8288 NW 64TH ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000862784  
04/03/08-80065-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Neil Feger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/7/08*

Date

*(305) 594-0034*

Daytime Phone #