2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 06, 2006 8:00 am
Secretary of State
05-04-2006 90253 005 ***150.00

DOCUMENT # K21797

1. Entity Name
L. E. AUTO REPAIR INC

66021373

Principal Place of Business	Mailing Address
1811 S.W. 67 AVENUE MIAMI, FL 33155	1811 S.W. 67 AVENUE MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0047243

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, LUIS
1811 SW 67TH AVENUE
MIAMI, FL 33155

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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: LUIS FERNANDEZ 4-27-06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, ERNESTO R.
STREET ADDRESS	9164 SW 108 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VSD
NAME	FERNANDEZ, LUIS
STREET ADDRESS	5757 COLLINS AVE #1504
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	TD
NAME	FERNANDEZ, SONIA F.
STREET ADDRESS	5757 COLLINS AVE #1504
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: LUIS FERNANDEZ 6-26-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #