

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

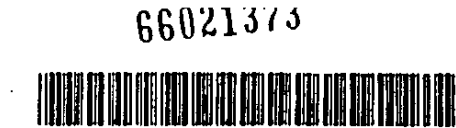
FILED
Jul 06, 2006 8:00 am
Secretary of State

05-04-2006 90253 005 ***150.00

DOCUMENT # K21797	
1. Entity Name L. E. AUTO REPAIR INC	

Principal Place of Business 1811 S.W. 67 AVENUE MIAMI, FL 33155	Mailing Address 1811 S.W. 67 AVENUE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0047243	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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 <u><i>Luis Fernandez</i></u> Signature, typed or printed name, and date required. (NOTE: Registered agent signature required when substituting)	<u>4-27-06</u> 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO FERNANDEZ, ERNESTO R. 9164 SW 108 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSO FERNANDEZ, LUIS 5757 COLLINS AVE #1504 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FERNANDEZ, SONIA F. 5757 COLLINS AVE #1504 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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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: <u><i>Luis Fernandez</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>6-26-06</u> DATE