

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000723196
05/02/07-80062-006 150.00

10: OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, ERNESTO R.
STREET ADDRESS 9164 SW 106 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

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/07

305-263-9868