


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L40784									
1. Entity Name HENRY'S AUTO CIRCUIT, INC.									
Principal Place of Business 5642 SW 25TH ST HOLLYWOOD FL 33023			Mailing Address 5642 SW 25TH ST HOLLYWOOD FL 33023						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip	Country	Zip	Country	4. FEI Number 65-0173658 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent MICHAEL TAVARES P 5642 SW 25TH ST HOLLYWOOD FL 33023				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	O		Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	TAVARES, HENRIQUE				NAME				
STREET ADDRESS	5642 SW 25TH ST				STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL				CITY-ST-ZIP				
TITLE	ST		Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	TAVARES, ANGELA				NAME				
STREET ADDRESS	5642 SW 25 ST				STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL				CITY-ST-ZIP				
TITLE	PD		Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	MICHAEL TAVARES				NAME				
STREET ADDRESS	5642 SW 25TH ST				STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL				CITY-ST-ZIP				
TITLE			Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE			Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				
TITLE			Delete <input type="checkbox"/>		TITLE			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY-ST-ZIP					CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Henrique Tavares Henrique Tavares 2-8-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #