

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90005 008 \*\*\*150.00

**DOCUMENT # L43799**

1. Entity Name  
**S & H AUTO CARE & SALES, INC.**



Principal Place of Business  
**4741 RAVENSWOOD RD  
FT LAUDERDALE, FL 33312**

Mailing Address  
**4741 RAVENSWOOD RD  
FT LAUDERDALE, FL 33312**



**DO NOT WRITE IN THIS SPACE**

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0176250**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHARIFEH, NASER  
4741 RAVENSWOOD RD.  
FT. LAUD, FL 33312**

**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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
SHARIFEH, NASER  
3563 SW 173RD TERRACE  
MIRAMAR, FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SHARIFEH, RIAD  
44CI JOHNSON ST  
HOLLYWOOD, FL 33021**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
SHARIFEH, JEAN  
3563 SW 173 RD TERR  
MIRAMAR, FL 33029**

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:**

*Naser Sharifeh*

**NASER SHARIFEH**

**02/07/06**

**954.966-8001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #