

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99316**

1. Entity Name

FLORIDA ENGINE REBUILDERS CORP.



Principal Place of Business

12500 SW 130 ST  
BAY 13-14  
MIAMI FL 33186  
US

Mailing Address

12500 SW 130 ST  
BAY 13-14  
MIAMI FL 33186  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0216488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, MIGUEL D  
19245 SW 123 CT.  
MIAMI FL 33177

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, MIGUEL D	
STREET ADDRESS	19245 SW 123RD CT..	
CITY- ST- ZIP	MIAMI FL 33177	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GONZALEZ, TERESITA	
STREET ADDRESS	19245 SW 123RD CT..	
CITY- ST- ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

U00000832566  
02/27/08-80063-018 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #