

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90157 032 ***150.00

DOCUMENT # M 10321

1. Entity Name

MOISES AUTO ELECTRIC CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3223 S.W. 8 STREET

3. Mailing Address
3223 S.W. 8 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLA.

City & State
MIAMI, FLA.

4. FEI Number
59-2488730

Applied For
Not Applicable

Zip
33135

Country

Zip
33135

Country

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

CR2E034B (8/05)

40059019

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

HERNANDEZ, MOISES

Street Address (P.O. Box Number is Not Acceptable)

6001 S.W. 19th. STREET

City
MIAMI

FL

Zip Code
33155

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HERNANDEZ, MOISES	6001 S.W. 19th, STREET	MIAMI, FLORIDA 33155
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Moises Hernandez MOISES HERNANDEZ 4/10/07 (305) 448-7871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #