## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # M23780  1. Entity Name SPECIALISTS IN AUTO SERVICE, INC.					01-22-2008 90053 041 ***150.00				
Principal Place of Business  808 N 29TH AVE HOLLYWOOD, FL 330227 US  Mailing Address  808 N 29TH AVE HOLLYWOOD, FL 330227 US			<del>022</del> US		4000	16834			
33020 GHR 3302				QKSV.	\$   <b>100   100  </b>		IRII OSBIL BIOSI OLBII OSBIL OSBIL OLB		
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 59-2607	671	<b>⊢</b>	oplied For ot Applicable	
Zip	Country	Zip	Countr	гу	5. Certificate of	f Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				N	7. Name and A	Address of New	Registered Agent		
SOGEGIAN, JOHN H				Name					
808 N 29TH AVE HOLLYWOOD, FL 33022- 330202 () MV				Street Address (P.O. Box Number is Not Acceptable)					
The state of the s									
				City	FL Zip Code				
the obligations of registered agents.  SIGNATURE  Signature: Typed or prived name of registered agents and title it applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  PLES TOWN H- SOCECTAN PRES.  (NOTE: Registered Agent signature required when renstating)  9. Election Campaign Financing  Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO O	FICERS AND DIRECTOR	S IN 11	
TITLE			TITLE				Change	■ Addition	
NAME STREET ADORESS CITY-SI-ZIP	808 N 29TH AVENUE		NAME STREE CITY-:	T ADDRESS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE HAME STREE CITY-1	T ADDRESS	☐ Change ☐		☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-1	T ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	Delete	CITY-:	T ADDRESS ST-ZIP	od in Chanter 110	Elovida Statudao	Change	Addition	

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: JAN H. SOGEGIAN, PRES. 1/15/08
SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cayling Phone Phone

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