

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M56726

FILED
Apr 28, 2012
Secretary of State

Entity Name: MAD HATTER MUFFLER OF DADE COUNTY INC.

Current Principal Place of Business:

MAD HATTER MUFFLER
4970 SW 52ND STREET BAY 311
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4970 SW 52ND STREET
BAY 311
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0037120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, KEVIN L
5211 SW 57TH STREET
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DOYLE, KEVIN L
Address: 4970 SW 52ND STREET BAY 311
City-St-Zip: DAVIE, FL 33314 US

Title: VP
Name: DOYLE, RYAN T
Address: 4970 SW 52ND STREET BAY 311
City-St-Zip: DAVIE, FL 33314 US

Title: ST
Name: PEARL, STEVE
Address: 4970 SW 52ND STREET BAY 311
City-St-Zip: DAVIE, FL 33314 US

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN L DOYLE

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date