2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M57039

Entity Name
MCD ACCESSORY OVERHAULS, INC.

Principal Place of Business	Mailing Address
6990 NW 25 STREET MIAMI, FL 33122 US	6990 NW 25 STREET MIAMI, FL 33122 US

01092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2840423
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENDEZ, MICHAEL
6990 NW 25 STREET
MIAMI, FL 33122

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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

000000299448
01/30/06-80001-001 150.00

OFFICERS AND DIRECTORS

TITLE	D
NAME	MENDEZ, MIKE
STREET ADDRESS	6990 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D
NAME	FERNANDEZ, EDWARD
STREET ADDRESS	6990 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	P
NAME	FERNANDEZ, CARLOS
STREET ADDRESS	6990 NW 25 STREET
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Michael Mendez 1/26/06 305-477-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #