


FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90070 040 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M64494 1. Entity Name JERRY'S COMPLETE AUTO REPAIRS, INC.	
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Principal Place of Business JERRY'S COMPLETE AUTO REPAIRS INC. 3720 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319 US	Mailing Address JERRY'S COMPLETE AUTO REPAIRS INC. 3720 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319 US
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66009739



03272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0021025	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENDERSON, JAMES M. SUITE 2020 ONE FINANCIAL PLAZA FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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 *Gerard L. Giordano* **GERARD L. GIORDANO** 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when running.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, GERARD 8645 NW 28TH DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABELLE, GENE F. 2875 NE 8TH ST POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THEODORE, SANDRA 8645 NW 28TH DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Gerard L. Giordano* **GERARD L. GIORDANO** 4-30-08 9547317808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #