

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90681 001 ***150.00
04-17-2006 90681 002 *****8.75

DOCUMENT # P00000071984

1. Entity Name
EDUARDO'S AUTO REPAIR, INC.



Principal Place of Business
**10715 S.W 190 ST. #13
MIAMI, FL 33157**

Mailing Address
**10715 S.W 190 ST. #13
MIAMI, FL 33157**

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1027109

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA CRUZ OROZCO, JUANITA
10715 S.W 190 ST. #13
MIAMI, FL 33157**

**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

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**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **RAUDEZ, TYRONE EDUARDO**
STREET ADDRESS **10715 S.W 190 ST. #13**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **DVS**
NAME **DE LA CRUZ OROZCO, JUANITA**
STREET ADDRESS **10715 S.W 190 ST. #13**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE
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CITY-ST-ZIP

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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

Juanita D. Orozco **Juanita D. OROZCO** 4/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CK # 324 \$150.00
CK # 325 \$8.75

EFF. (305) 956-0054
cel. (786) 217-7223