

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000101019

1. Entity Name  
CUSTOM AUTO SEAT COVERS INC.



Principal Place of Business

9551 NW 79TH  
BAY 12  
HIALEAH, FL 33016

Mailing Address

1503 S.W. 118TH AVE.  
MIAMI, FL 33184



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1051541

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MONTENEGRO, PEDRO R  
1503 S.W. 118TH AVE.  
MIAMI, FL 33184

**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 *P. Montenegro*

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-07

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000741339  
05/15/07-80024-025 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MONTENEGRO, PEDRO R  
STREET ADDRESS 1503 SW 118TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33184

TITLE VP  
NAME AGUIRRE, BETTY  
STREET ADDRESS 1503 SW 118TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33184

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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: *P. Montenegro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-5562210

*Pedro Montenegro* 04-27-07