2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000105730

.



FILED
Feb 21, 2007 8:00 am
Secretary of State

1. Entity Name LORENZO AUTO SERVICES CORP.							02-21-2007 9	90019 04	10 11 130	.00
Principal Plac	e of Busines	ss	Mailing Address			1				
1747 N W 23RD ST. MIAMI, FL 33142			1747 N W 23RD ST. MIAMI, FL 33142							
Principal Place of Business - No P.O. Box # Mailing Address										
							4E 14 60 60 60			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252007	Chg-P	CR2E	034 (12/06)	
City & State			City & State			4. FEI Numb				optied For
Zip Country		Zip Country		ntry		of Status Desired		\$8.75 Add	ditional	
	6. Name	and Address of Current	Registered Agent		1	7. Name and	Address of New F	Registered	Fee Require	<u> </u>
					Name	71 1142114 (311)		iogiomica.	Agoni	
JIMENEZ, 15119 SO		SCO J T 140 PLACE			Street Address (P.O. Box Numb	er is Not Acceptable	e)		
MIAMI, FL	33186						····		·	
					City			FL	Zip Cod	e
8. The above	named entit	ty submits this statement for	or the purpose of changing its	register	Led office or register	red agent, or bo	oth, in the State of Flo		familiar with,	and accept
, the obligat	tions of regist	itered agent.								
SIGNATURE	Signature, typed	d or printed name of registered agent	t and title if applicable. (NOT	E: Registere	id Agent signature required	when reinstating)		DATE	•••	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Carny Trust Fund Co										
						.00 May Be led to Fees	:			
After M	ay 1, 200		OO Trust Fund Con			ed to Fees	/CHANGES TO OFF	FICERS ANI	O DIRECTOR	S IN 11
After Ma	PTD	7 Fee will be \$550.	OO Trust Fund Con	tribution.	Add	ed to Fees	/CHANGES TO OFF	FICERS ANI	O DIRECTOR	S IN 11
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indicated on this report or supplemental report is five 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR