## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P00000108013



Principal Place of Business

A-BETTER LOCKSMITH OF FLORIDA INC.

Mailing Address

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8783 SW 134 ST MIAMI, FL 33176 8783 SW 134 ST MIAMI, FL 33176

**FILED** Feb 15, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02102008 No Chg-P

4. FEI Number 65-1125949

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTEVEZ, JASON 8783 SW 134 ST MIAMI, FL 33176

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

			ar	4		· .	
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	ent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financin     Trust Fund Contribution	g 🗆	\$5.00 May Be Added to Fees	U000001 - 02/26/08-4	328948 2001 <b>0</b> 007	180 MA
10.	OFFICERS AND DIREC	CTORS		•	<del>, <u>ດຕະຕວະວ</u>ຸ</del>	30010, 001	100,400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEVEZ, JASON 8783 SW 134 ST MIAMI, FL 33176						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY: ST: ZIP				DO	NOT WE	RITE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						<i>:</i>	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		•		
12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental profit 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 a addyess with all other like empowered.							