

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90408 033 \*\*\*150.00

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03092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000034100</b> 1. Entity Name <b>K &amp; R FOREIGN AUTO REPAIR, INC.</b>			
Principal Place of Business <b>2740-D N STATE RD 7 SUITE D LAUDERDALE LAKES, FL 33313</b>		Mailing Address <b>2740-D N STATE RD 7 SUITE D LAUDERDALE LAKES, FL 33313</b>	
2. Principal Place of Business <b>4627 NW 8<sup>TH</sup> LANE</b>		3. Mailing Address <b>4627 NW 8<sup>TH</sup> LANE</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>DAKLAND PARK, FL.</b>		City & State <b>DAKLAND PARK, FL.</b>	
Zip <b>33309</b>		Zip <b>33309</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. FEI Number <b>65-1089138</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUNT, KARLENE 2740-D N STATE RD 7 LAUDERDALE LAKES, FL 33313</b>		7. Name and Address of New Registered Agent Name <b>KARLENE HUNT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4627 NW 8<sup>TH</sup> LANE</b> City <b>DAKLAND PK</b> <b>FL</b> Zip Code <b>33309</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>HUNT, KARLENE</b> <b>9430 NW 82ND STREET</b> <b>TAMARAC, FL 33321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	