## 2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2004 8:00 am Secretary of State ANNUAL REPORT 05-04-2004 90135 023 \*\*\*150.00 **DOCUMENT # P01000035173** 1. Entity Name S & S AUTO REPAIR, CORP. 14021010 Principal Place of Business Mailing Address 4951 EAST 10TH COURT 4951 EAST 10TH COURT HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0111519 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YANES, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 775 EAST 52 STREET HIALEAH, FL 33013 Zio Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD Delete TITLE Addition TITLE ☐ Chance ACOSTA, ANAIS MARKE NAME 775 EAST 52 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 TD ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME YANES, CARLOS A STREET ADURESS 775 EAST 52 STREET STREET ADDRESS CITY ST. 7tP HIALEAH, FL 33013 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change [ Addition Delete TRIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS C:TY- ST- ZiP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City - ST - Z:P CETY-ST-ZIP 12. Thereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, if 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 trusted 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.

**FILED** 

Daytime Phone #