

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90029 032 ***150.00

DOCUMENT # P01000051552

1. Entity Name
MIAMI AUTO MAINTENANCE & REPAIRS, INC.



Principal Place of Business

**7030 NE 4 COURT
MIAMI, FL 33138**

Mailing Address

**754 NE 82 TERRACE
MIAMI, FL 33138**

50000943



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7030 NE 4 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-P

CR2E034 (12/06)

City & State

City & State
MIAMI FL

4. FEI Number

65-1106667

Applied For

Not Applicable

Zip

Country

Zip

33138

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUELLAR, MARIO R
754 NE 82 TERRACE
MIAMI, FL 33138**

Name

Street Address (P.O. Box Number is Not Acceptable)

7030 NE 4 COURT

City

MIAMI

FL

Zip Code

33138

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]

01/16/07

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CUELLAR, MARIO R**
STREET ADDRESS **754 NE 82 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE ☒ Change ☐ Addition
NAME **7030 NE 4 COURT**
STREET ADDRESS **MIAMI FL 33138**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/07 (305) 757 6161

Date

Daytime Phone #