## FOR PROFIT CORPORATION UNIFORM BUSINESS REPGRT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State

	Apr 29, 2002 6.00 am
DOCUMENT # POLOCY 53855	Secretary of State
1. Entity Name	04-29-2002 90126 005 ***150.00
AAA. W. Auto Repair	
DO MOT MOUTE IN THIS COASE	
DO NOT WRITE IN THIS SPACE	g E
Principal Place of Business	<b>1</b>
2027 NE 27th Ave 2027 NE 27th Ave.	<b>;</b>
Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State City & State  A. FEI Nu 59-3	mber Applied For Not Applicable
7 Country	\$9.75 Additional
32609 U.S.A. 32609 U.S.A.	cate of Status Desired Fee Required
Name	nd Address of Current Registered Agent
DO NOT WRITE  AAA - W Audo & Street Address (P.O. Box Nu	
2027 NE-27	th Are
IN THIS SPACE	
City Gaines will	FL کی دری و علام کی استان کی کار می استان کی استان کرد کرد کی استان کرد
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.
had the hand have the	(PREDIDENT) 2/18/02
SIGNATURE Signature, typed or perited name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating	
January 1 - May 1 Fee is \$150.00	Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT.  NAME AVANES WINAYA  NAME	
STREET ADDRESS 2007 NE 27th Ave.	
city-st-zip Gainesuillo, Cl 32609 city-st-zip	
TITLE NAME NAME	
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CITY-ST-ZIP CITY-ST-ZIP	
TITLE TITLE NAME	
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TITLE TITLE	
NAME .	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE GIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #