

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90090 016 ***150.00

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| DOCUMENT # P01000061426 |  |
| 1. Entity Name MECHANIC HOUSE AUTO REPAIR CORP. | |

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| Principal Place of Business 833 S DEERFIELD AVE. BAY #1 DEERFIELD BEACH, FL 33441 | Mailing Address 833 S DEERFIELD AVE. BAY #1 DEERFIELD BEACH, FL 33441 |
|---|---|

20022835



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| 2. Principal Place of Business 833 S. DEERFIELD AVE | 3. Mailing Address 833 S. DEERFIELD AVE |
| Suite, Apt. #, etc. BAY # 11 | Suite, Apt. #, etc. BAY # 11 |
| City & State DEERFIELD BEACH, FL | City & State DEERFIELD BEACH, FL |
| Zip 33441 | Zip 33441 |
| Country | Country |

03152005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1119692 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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| 6. Name and Address of Current Registered Agent RAMOS, JEAN N 10914 WINDING CREEK LN. BOCA RATON, FL 33428 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVSD RAMOS, JEAN N 10914 WINDING CREEK LN BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD RODRIGUEZ, DENIS 10914 WINDING CREEK LANE BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

SIGNATURE: X JEAN N RAMOS 03/15/05 (954) 420-0997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #