

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000074450

Entity Name: FOREST CITY AUTO REPAIR, INC.

FILED
Nov 28, 2007
Secretary of State

Current Principal Place of Business:

145 JEWEL DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1101 S.R. 436
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

145 JEWEL DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

259 KASSIK CIR
ORLANDO, FL 32824

FEI Number: 59-3734205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUANA, LIZARDO
145 JEWEL DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LIZARDO, JUANA
259 KASSIK CIR.
ORLANDO, FL 32824 US

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.

SIGNATURE: JUANA LIZARDO

11/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIGUEL, FERNANDEZ
Address: 5143 REBECCA COURT
City-St-Zip: ORLANDO, FL 32810 US

Title: AVP () Delete
Name: GONZALEZ, ISAAC
Address: 145 JEWEL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AVP (X) Delete
Name: JUANA, LIZARDO
Address: 145 JEWEL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: APD (X) Change () Addition
Name: LIZARDO, JUANA
Address: 259 KASSIK CIR.
City-St-Zip: ORLANDO, FL 32824 US

Title: AVP (X) Change () Addition
Name: GONZALEZ, ISAAC
Address: 259 KASSIK CIR.
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANA LIZARDO

APD

11/28/2007

Electronic Signature of Signing Officer or Director

Date