

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2007 08:00 AM
Secretary of State ^{ATX1}

DOCUMENT # P01000079332	
1. Entity Name	
A E SERVICE REPAIR CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6220 SW 6 ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33144	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1135334		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name ESTUPINAN, ARMANDO	
		Street Address (P.O. Box Number is Not Acceptable) 6220 SW 6 ST	
		City MIAMI	Zip Code 33144

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  **ESTUPINAN, ARMANDO** **1/25/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTUPINAN, ARMANDO 6220 SW 6 ST MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000608545 02/01/07-00014-013 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARMANDO ESTUPINAN, PRESIDENT** **1/25/2007** **(305) 335-0644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #