

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000097466

1. Entity Name
MIAMI AUTOTRONIC AND SPEED WORLD, INC.



Principal Place of Business
**6135 W 21 CT
HIALEAH, FL 33016-2591**

Mailing Address
**6135 W 21 CT
HIALEAH, FL 33016-2591**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1141788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALLADIN, SAM
2606 HARTWOOD PINES WAY
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLADIN, FAIZUL
STREET ADDRESS	1083 SW 142ND PL
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	S
NAME	ALLADIN, BIBI
STREET ADDRESS	2606 HARTWOOD PINES WAY
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	ALLADIN, SAM
STREET ADDRESS	2606 HARTWOOD PINES WAY
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	OT
NAME	ALLADIN, SHENEZA
STREET ADDRESS	2025 W 62ND ST
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08 305-761-3588

Date

Daytime Phone #