

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000012523

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** OPA LOCKA MUFFLER SHOP, INC.

**Current Principal Place of Business:**

14700 N.W. 22ND AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

14700 N.W. 22ND AVENUE  
OPA LOCKA, FL 33054

**New Mailing Address:**

**FEI Number:** 03-0396620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAVEZ, ESTEBAN  
14700 N.W. 22ND AVENUE  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHAVEZ, ESTEBAN  
Address: 14700 N.W. 22ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

Title: DVP  
Name: PEREZ, MARILEEVI  
Address: 14700 N.W. 22ND AVENUE  
City-St-Zip: OPA LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: ESTEBAN CHAVEZ

PRES

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date