

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90004 024 \*\*\*150.00

**DOCUMENT # P02000045346**

1. Entity Name  
**SUPER MECHANIC, INC.**



Principal Place of Business  
**2740 S PARK ROAD  
HALLANDALE, FL 33009**

Mailing Address  
**2740 S PARK ROAD  
HALLANDALE, FL 33009**

**24083427**



08252004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0434430**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HABAYEB, BASSAM  
8631 NW 53 COURT  
LAUDERHILL, FL 33351**

**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

**08-25-04**

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
HABAYEB, MERRY  
8631 NW 53 COURT  
LAUDERHILL, FL 33351**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-25-04**

Date

**954-981-5442**

Daytime Phone #

ATTACHMENT  
24083427

**KATTOURA & ASSOCIATES, INC.**  
ACCOUNTING, BOOKKEEPING & TAX SERVICES

1499 West Palmetto Pk Rd  
Boca Raton, FL 33486  
TEL: (561) 362-0491

P.O. Box 728  
Boca Raton, FL 33429  
FAX: (561) 394-5134

National Society of Tax Professional

August 25, 2004

Division of Corporation  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: **SUPER MECHANIC, INC.**  
**Annual report #P02000045346**

Dear Sirs.


The above referenced corporation has never received any notice at all to our client. We are enclosing an annual report form and the check in the amount of \$ 150.00 for 2004. Please accept this **annual report filing 2004**.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely,

  
Andre K. Kattoura  
Enclosure (s)  
Ck 150.00  
Form Annual Report 2004