

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000046009**

1. Entity Name

GMP AUTO REPAIRS, INC.



Principal Place of Business

5800 W COLONIAL DR  
ORLANDO FL 32808

Mailing Address

5800 W COLONIAL DR  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

01-0715646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERSAUD, PAUL P  
1595 SHADY OAK DR.  
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LACHHMAN, GOPAUL  
STREET ADDRESS 5800 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32808

TITLE V ☐ Delete  
NAME LACHHMAN, OUMA  
STREET ADDRESS 5800 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ Delete  
NAME LACHHMAN, MARK  
STREET ADDRESS 5800 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32808

TITLE S ☐ Delete  
NAME LACHHMAN, MARIA  
STREET ADDRESS 5800 W COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32808

TITLE T ☐ Delete  
NAME PERSAUD, PAUL  
STREET ADDRESS 1595 SHADY OAK DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME U000000085328  
STREET ADDRESS 03/11/04-80043-014 150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ouma Lachhman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-04

Date

Daytime Phone #