

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000068107

1. Entity Name

DANILO MOBIL AUTO REPAIR, INC.



Principal Place of Business

9203-B E. COLONIAL DR.
ORLANDO, FL 32817

Mailing Address

9203-B E. COLONIAL DR.
ORLANDO, FL 32817

FILED

04 JAN 23 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142004 No Chg-P CR2E034 (10/03)

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4. FEI Number

03-0460626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALMANZAR, DANILO
9203-B E. COLONIAL DR.
ORLANDO, FL 32817

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALMANZAR, DANILO
STREET ADDRESS	9203-B E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO, FL 32817

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

900027624009
01/27/04--01001--017 **150.00

**DO NOT WRITE
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)(l), 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: *Daniilo Almanzar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #