

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90037 044 \*\*\*150.00

<b>DOCUMENT # P02000068107</b> 1. Entity Name DANILO MOBIL AUTO REPAIR, INC.					
Principal Place of Business 6516 OLD CHENEY HWY ORLANDO, FL 32807			Mailing Address 9203-B E. COLONIAL DR. ORLANDO, FL 32817		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6516 Old Cheney Hwy Suite, Apt. #, etc.			
City & State Orlando FL		City & State Orlando FL		4. FEI Number 03-0460626	
Zip 32807		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALMANZAR, DANILO 14716 LADY VICTORIA BLVD ORLANDO, FL 32826				7. Name and Address of New Registered Agent 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: <u>Daniilo Almanzar</u> DATE: _____ <small>(Signature must be printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ALMANZAR, DANILO 14716 LADY VICTORIA BLVD ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Daniilo Almanzar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					