

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080711

FILED
Apr 01, 2004
Secretary of State

Entity Name: AMERICAN AUTO REPAIR CENTER INC

Current Principal Place of Business:

8601 KNOTTINGHAM DR
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8601 KNOTTINGHAM DR
KISSIMMEE, FL 34747

New Mailing Address:

4905 LAKE CECILE DR
KISSIMMEE, FL 34746

FEI Number: 47-0878714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINHAS, N NADEEM
8601 KNOTTINGHAM DR
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

MINHAS, M NADEEM
8601 KNOTTINGHAM DR
KISSIMMEE, FL 34747 US

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: NADEEM MINHAS

04/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINHAS, M NADEEM
Address: 8601 KNOTTINGHAM DR
City-St-Zip: KISSIMMEE, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MINHAS, HUMIRA VP
Address: 4905 LAKE CECILE DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: O () Change (X) Addition
Name: MINHAS, FATIMA O
Address: 4905 LAKE CECILE DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: O () Change (X) Addition
Name: MINHAS, MARIYUM O
Address: 4905 LAKE CECILE DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: O () Change (X) Addition
Name: MINHAS, KHADIJA O
Address: 4905 LAKE CECILE DR
City-St-Zip: KISSIMMEE, FL 34746 US

Title: O () Change (X) Addition
Name: MINHAS, MOHAMMAD B O
Address: 4905 LAKE CECILE DR
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NADEEM MINHAS

P

04/01/2004

Electronic Signature of Signing Officer or Director

Date

AMINAH MINHAS OFFICER
4905 LAKE CECILE DR
KISSIMMEE FL 34746