

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080711

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: AMERICAN AUTO REPAIR CENTER INC

## Current Principal Place of Business:

6671 OSCEOLA POLK LINE RD  
KISSIMMEE, FL 33896

## New Principal Place of Business:

## Current Mailing Address:

6671 OSCEOLA POLK LINE RD  
KISSIMMEE, FL 33896 US

## New Mailing Address:

FEI Number: 47-0878714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MINHAS, NADEEM  
6671 OSCEOLA POLK LINE RD  
KISSIMMEE, FL 33896 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MINHAS, NADEEM  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: KISSIMMEE, FL 33896 US

Title: VP ( ) Delete  
Name: MINHAS, HUMIRA VP  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: KISSIMMEE, FL 33896 US

Title: O ( ) Delete  
Name: MINHAS, FATIMA O  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: KISSIMMEE, FL 33896 US

Title: O ( ) Delete  
Name: MINHAS, MARIYUM O  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: KISSIMMEE, FL 33896 US

Title: O ( ) Delete  
Name: MINHAS, KHADIJA O  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: DAVENPORT, FL 33896 US

Title: O ( ) Delete  
Name: MINHAS, MOHAMMAD B O  
Address: 6671 OSCEOLA POLK LINE RD  
City-St-Zip: KISSIMMEE, FL 33896 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

VP

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date