


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000110703 1. Entity Name MUFFLERS 4 LESS III INC																													
Principal Place of Business % 8324 DUNDEE TERRACE MIAMI LAKES FL 33016			Mailing Address % 8324 DUNDEE TERRACE MIAMI LAKES FL 33016																										
2. Principal Place of Business <input checked="" type="checkbox"/> Suite, Apt. #, etc. <input checked="" type="checkbox"/> City & State <input checked="" type="checkbox"/> Zip		3. Mailing Address <input checked="" type="checkbox"/> Suite, Apt. #, etc. <input checked="" type="checkbox"/> City & State <input checked="" type="checkbox"/> Zip																											
Country		Country		4. FEI Number 06-1651938 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RAMOS, EDUARDO JR 8324 DUNDEE TERRACE MIAMI LAKES FL 33016																									
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.																									
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☒ Not Applicable

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7. Name and Address of New Registered Agent

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8324 DUNDEE TERRACE
MIAMI LAKES FL 33016

Name

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

City

FL

Zip Code

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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 CITY-ST-ZIP **U00000526838**
05/04/06-80055-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/06 (305) 919-5811