

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004422 AT

DOCUMENT # P02000124935
 1. Entity Name
HERMES AUTO SERVICE, INC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 03 SEP 2003 PM 2:07

Principal Place of Business
 18662 NW 54TH PLACE
 MIAMI FL 33055

Mailing Address
 18662 NW 54TH PLACE
 MIAMI FL 33055



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1166006

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MELIAN, HERMES
660 SW 57TH AVENUE #21
MIAMI FL 33144

7. Name and Address of New Registered Agent
 Name **CRISTOBAL D. RUIZ**
 Street Address (P.O. Box Number is Not Acceptable)
18662 N.W. 54th PLACE
 City **MIAMI** FL Zip Code **33055**

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]* DATE **7/22/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P D. RUIZ, CHRISTOBAL 18662 NW 54TH PLACE MIAMI FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V MELIAN, HERMES 660 SW 57TH AVENUE #21 MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S RUIZ, ELISA 18662 NW 54TH PLACE MIAMI FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T E. MELIAN, REYNA 660 SW 57TH AVENUE #21 MIAMI FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800022699778 09/02/03--01046--001 **558.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **7/2/03** - 3054777165
 Daytime Phone #

CR2E034 (10/02)