


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90021 013 ***150.00

DOCUMENT # P02000130282 1. Entity Name SOUTH AUTO SERVICE CORP.					
Principal Place of Business 28406 S DIXIE HWY HOMESTEAD, FL 33033			Mailing Address 28406 S DIXIE HWY HOMESTEAD, FL 33033		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 06-1666444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LAURA 30515 SW 194TH AVE HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent Name Pupo, Justo Street Address (P.O. Box Number is Not Acceptable) 28406 S Dixie Hwy City Homestead FL Zip Code 33033	
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><i>Justo G Pupo</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUPO, JUSTO 13840 NARANJA LAKES BLVD. K-3 NARANJA, FL 33032	<input type="checkbox"/> Delete			
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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><i>Justo G Pupo</i></u> Date _____ Daytime Phone # _____					