

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90015 012 ***158.75

DOCUMENT # P02000132142 1. Entity Name PRO AUTO SERVICE, CORP.					
Principal Place of Business 10890 SW 186 STREET UNIT #24 MIAMI, FL 33157			Mailing Address 10890 SW 186 STREET UNIT #24 MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 37-1451938	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPOS, FRANCISCO 18059 SW 105 PLACE UNIT #41 MIAMI, FL 33157				7. Name and Address of New Registered Agent Name: CAMPOS, FRANCISCO Street Address (P.O. Box Number is Not Acceptable): 10890 SW 186 ST Building # 24 City: Miami FL Zip Code: 33257	
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:					
(NOTE: Registered Agent's signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VD CAMPOS, FRANCISCO 18059 SW 105 PLACE #41 MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPOS, JUANA L 10890 SW 186 STREET, UNIT #24 MIAMI, FL 33157	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					

Attachment

574026439



Division of Corporations

2004 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	P02000132142
Business Entity Name	PRO-AUTO-SERVICE, CORP.
Original File Date	01/01/2003

FEI Number

Principal Address 10890 SW 186 STREET
UNIT #24
MIAMI, FL 33157

Mailing Address 10890 SW 186 STREET
UNIT #24
MIAMI, FL 33157

Registered Agent FRANCISCO CAMPOS
18059 SW 105 PLACE
UNIT #41
MIAMI, FL 33157 US

Officer/Director Name And Address

VD
FRANCISCO CAMPOS
18059 SW 105 PLACE #41
MIAMI, FL 33157

PD
JUANA L CAMPOS
10890 SW 186 STREET, UNIT #24
MIAMI, FL 33157

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