

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000012930

1. Entity Name

RICH PORT AUTO EXCHANGE, CORP.



Principal Place of Business

7911 BRENTWOOD DR.
ORLANDO, FL 32822

Mailing Address

7911 BRENTWOOD DR
ORLANDO, FL 32822

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-2017516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JOSE I PRES
5918 WINCHESTER ISLE RD.
ORLANDO, FL 32829

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, JOSE I PRES
STREET ADDRESS	5918 WINCHESTER ISLE RD.
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	STD
NAME	PEREZ, MINEDYS
STREET ADDRESS	5918 WINCHESTER ISLE ROAD
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000954664
07/14/08-80009-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #