

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 034 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000026134 1. Entity Name POORAN AUTO REPAIR, INC.			
Principal Place of Business 321 DANE LANE STE 101 LONGWOOD, FL 32750		Mailing Address 321 DANE LANE STE 101 LONGWOOD, FL 32750	
2. Principal Place of Business 321 DANE LANE Suite, Apt. #, etc. 101 City & State LONGWOOD, FL Zip 32750		3. Mailing Address 321 DANE LANE Suite, Apt. #, etc. 101 City & State LONGWOOD, FL Zip 32750	
4. FEI Number 16-1671969		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MALSINGH, POORAN 321 DANE LANE STE 101 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name POORAN MALSINGH Street Address (P.O. Box Number is Not Acceptable) 321 DANE LANE City LONGWOOD, FL Zip Code 32750	
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>Pooran Malsingh</u> (NOTE: Registered Agent signature is required when reinstating) 04-27-04 Signature typed or printed name of registered agent and title if applicable DATE			
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
D MALSINGH, POORAN ☐ Delete 321 DANE LANE STE 101 LONGWOOD, FL 32750		☐ Change ☐ Addition	
MALSINGH POORAN ☐ Delete 321 DANE LANE LONGWOOD FL 32750		☐ Change ☐ 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)(f), 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>Pooran Malsingh</u> 04-27-04			