

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90016 036 ***150.00

DOCUMENT # P03000037169

1. Entity Name

SUPER AUTOMOTIVE RESTORATION & REPAIR, INC.



Principal Place of Business

**849 SOUTH DEERFIELD AVENUE
BAY-D
DEERFIELD BEACH FL 33441**

Mailing Address

**849 SOUTH DEERFIELD AVENUE
BAY-D
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

**849 SOUTH DEERFIELD AVE
Suite, Apt. #, etc.
BAY-D**

3. Mailing Address

**849 SOUTH DEERFIELD AVE
Suite, Apt. #, etc.
BAY-D**

City & State

DEERFIELD BEACH, FLORIDA

City & State

DEERFIELD BEACH, FLORIDA

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

56-2340780

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAMOS, CARLOS
3100 SOUTH DIXIE HIGHWAY - H-98
BOCA RATON FL 33432**

G-76

7. Name and Address of New Registered Agent

Name **Ramos, Carlos**

Street Address (P.O. Box Number is Not Acceptable)

3100 South Dixie Highway - G-76

City **Boca Raton**

FL

Zip Code **33432**

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

RAMOS, CARLOS

Address (Apt#) change only.

2/17/04

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

After May 1, 2004 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 **P** ☐ Delete
NAME **ALAMIA, ANDREW S**
STREET ADDRESS **3100 SOUTH DIXIE HIGHWAY - H-100**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Andrew S. ALAMIA**
STREET ADDRESS **399 NE 28th Street**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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: **X**

Andrew S. Alamia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW S. ALAMIA

Date

2/17/04

Daytime Phone #

954.427.4797