

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2008 8:00 am**  
**Secretary of State**

06-12-2008 90002 026 \*\*\*150.00

<b>DOCUMENT # P03000041239</b> 1. Entity Name <b>CARTUNE AUTOMOTIVE SERVICE, INC.</b>					
Principal Place of Business <b>9800 S ORANGE AVENUE ORLANDO, FL 32824</b>			Mailing Address <b>9800 S ORANGE AVENUE ORLANDO, FL 32824</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3725867</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6092008 Chg-F CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>PENA, RICHARD 9800 S ORANGE AVENUE ORLANDO, FL 32824</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PENA, RICHARD 9800 S ORANGE AVENUE ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PENA, REINA 9800 S ORANGE AVENUE ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>6/10/08</u> Daytime Phone # _____					