

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000058449

1. Entity Name
ANDY AUTO-TRUCK RUSTPROOFING, INC.



Principal Place of Business
**13305 SW 88 AVE.
MIAMI, FL 33176**

Mailing Address
**13305 SW 88 AVE.
MIAMI, FL 33176**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0059108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANDRES
13305 SW 88 AVE.
MIAMI, FL 33176**

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000912480
05/07/08-80082-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, ANDRES
STREET ADDRESS	13305 SW 88 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	RODRIGUEZ, EDICKSON
STREET ADDRESS	13305 SW 88 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	KHALEG, GLADYS
STREET ADDRESS	13305 SW 88 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #