

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063794

Entity Name: CARLITO'S AUTO REPAIR, INC.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

4856 US 17 N
DE LEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

4856 US 17 N
DE LEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 16-1669742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA EMPLOYER SOLUTIONS INC
7523 ALOMA AE STE 202
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERMUDEZ, CARLOS
Address: 4856 US 17 N
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: STD () Delete
Name: BERMUDEZ, RUTH M
Address: 4856 US 17 N
City-St-Zip: DE LEON SPRINGS, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BERMUDEZ

PD

05/04/2005

Electronic Signature of Signing Officer or Director

Date