## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 08, 2005 8:00 am Secretary of State

DOCUMENT # P03000083400  1. Entity Name				02-08-2005 90015 001 ***150.00		
EF TIRE &	AUTO REPAIR, INC.			<b>)</b>		
Principal Place	e of Business	Mailing Address		٦,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5083 NORTH FEDERAL HWY		5083 NORTH FEDERAL HWY			5001200	10
	BEACH FL 33064	PÔMPANO BEACH FI		1 3 <b>8 8</b> 1 1 <b>8 8 1 1 2 9</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	APROLÉFIN ABIN ANNE FYTT ANN AND EST SEIN FE	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)		
City & State		City & State		4. FEI Number 36-45:	36603 No	plied For t Applicable
Zíp	Country	Zip	Country	5. Certificate of Status De	Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of	New Registered Agent	
LIGH	HTER, JAY			150.0	. 515	
508:	3 NORTH FEDERAL HWY MPANO BEACH FL 33064		Street Addres	s (P.O. Box Number is Not Acc	eptable)	
FOR	MEANO BEACHTE 33004	`	$\sim$ 1 )	i		
			City		FL Zip Code	e
	named entity submits this statement for	or the purpose of changing it	s legistered office or regis	stered agent, or both, in the Sta	te of Florica. I am familiar with,	and accept
the obligat	ions of registered agent.	1 100	s //			
SIGNATURE.	Signature, typed or printed name of registered agent	and title analysable	TE Registered Agent signature requi	ared when reimstating)	DATE	
8.44.000 E	ILE NOW!!! FEE IS \$150.00	****			<del></del>	
After	May 1, 2005 Fee Will Be \$550.00			9. Election	Campaign Financing \$5,	<b>00</b> мау Ве
CONTROL DE MODELLE	Payable to Florida Department o			Trust Fu		ed to Fees
10.		f State #	11.			ed to Fees
10.	C Payable to Florida Department of OFFICERS AND D	f State #	TITLE		and Contribution.	ed to Fees
10. TITLE NAME	OFFICERS AND  D  LIGHTER, JAY	f State STORECTORS	TITLE NAME		nd Contribution.	ed to Fees
10.	C Payable to Florida Department of OFFICERS AND D	f State STORECTORS	TITLE		nd Contribution.	ed to Fees
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If Inther 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

Daytme Phone #