2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000083400

1. Entity Name

EF TIRE & AUTO REPAIR, INC.



FILED Feb 16, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5083 NORTH FEDERAL HWY POMPANO BEACH, FL 33064 5083 NORTH FEDERAL HWY POMPANO BEACH, FL 33064



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4536603

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTER, JAY 5083 NORTH FEDERAL HWY POMPANO BEACH, FL 33064

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 eignature	e required when reinstating)	DATE
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTER, JAY 5083 NORTH FEDERAL HWY POMPANO BEACH, FL 33064			000000640112 02:/28:/07-80054-002 150:00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE HAME STREET ADDRESS CITY-ST-ZIP		,	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY_ST_7IP			,		

12. I hereby certify that the information supplied with this filling 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:

CHATURE AND TYPED OR PROCED BOND OF SIGNATURE OF THE OR THE CTOR

7-16-04

954 426 9925

Daytime Phone