2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000089841

1. Entity Name

HENRYS AUTO SERVICE CORP.



FILED Jun 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1911 N.W. 22 STREET MIAMI, FL 33142

1911 N.W. 22 STREET MIAMI, FL 33142



DO NOT WRITE IN THIS SPACE

05292007 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0175304

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVERS, HENRY 1911 N.W. 22 STREET MIAMI, FL 33142

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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.

NAME STREET ADORESS

THE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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 Due by September 14, 200 7 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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NAME DEVERS, HENRY
STRET ADDRESS CITY-ST-ZIP MIAMI, FL 33142

TITLE MAME
STRET ADDRESS CITY-ST-ZIP

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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #