

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90398 017 ***158.75

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DOCUMENT # P03000091833 1. Entity Name T A C AUTO CLINIC, INC.																																			
Principal Place of Business 14775 NW 22ND COURT OPA LOCKA, FL 33054		Mailing Address 14775 NW 22ND COURT OPA LOCKA, FL 33054																																	
2. Principal Place of Business T A C AUTO CLINIC, INC. 14930 NW 22nd AVENUE OPA-LOCKA, FL 33054		3. Mailing Address T A C AUTO CLINIC, INC. 14930 NW 22nd AVENUE OPA-LOCKA, FL 33054																																	
4. FEI Number 20-0179137		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent KOON KOON, TERRANCE 14775 NW 22ND COURT OPA LOCKA, FL 33054		7. Name and Address of New Registered Agent Name KOON KOON, TERRANCE Street Address 14930 NW 22nd AVENUE OPA-LOCKA, FL 33054 City FL Zip Code																																	
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 <u><i>Terrance Koon Koon</i></u> DATE <u>4-27-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTD KOON KOON, TERRANCE 14775 NW 22ND COURT OPA LOCKA, FL 33054 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOON KOON, TERRANCE 14775 NW 22ND COURT OPA LOCKA, FL 33054 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 14930 NW 22nd AVENUE OPA-LOCKA, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	14930 NW 22nd AVENUE OPA-LOCKA, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Terrance Koon Koon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>TERRANCE KOON KOON</u> <u>PRESIDENT</u> Date <u>4/27/05</u> Daytime Phone # <u>305-681-1900</u>																																	