

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091833

Entity Name: T A C AUTO CLINIC, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

14930 NW 22ND AVE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

14930 NW 22ND AVE
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-0179137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOON KOON, TERRANCE
14930 NW 22ND AVE
OPA LOCKA, FL 33054 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: PSTD () Delete
Name: KOON KOON, TERRANCE
Address: 8110 SUNRISE LAKES BLVD
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRANCE KOON KOON

PSTD

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date