FILED May 05, 2008 8:00 am Secretary of State

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		ANNUA	L REPO	RT	

DOCUMENT # P03000117329 1. Entity Name BRAKE PLUS COMPLETE CAR CARE, INC.						· · · · · · · · · · · · · · · · · · ·	05-05-2008	90260 00	3 ***15	0.00	
Principal Plac	e of Business		Mailing Address			\exists	4009	7574			
1930 S. MILITARY TRAIL WEST PALM BEACH FL 33415		6828 CAROLYN-WAY LAKE WORTH, FL 33463		**		7000	A or or white quality and a second of the se	en grade agency	i } Qusika	F Lenhor.	
1 1 20	• :				•		1 13 64 66 1 141 1	COLOR INCOMENDO A COLOR		&	ABD 11 (188)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02202008	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numbe 20-0275				pplied For at Applicable		
Zip		Country	Zip	Count	try		5. Certificate	of Status Desired		8.75 Add	
<u></u>	6. Name a	nd Address of Curren	t Registered Agent	,			7. Name and	Address of New R	egistered A	jent	
				- • ;	Name						
ALI, TEDDY I 6828 CAROLYN WAY LAKE WORTH, FL 33463				Street Address (P.O. Box Number is Not Acceptable)							
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		بالمخا			City				FL	Zip Code	Э
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 agen	nt and title if applicable (NO)	E- Benistere	d Agent signature req	ouired w	men reinstation)		DATE		
			TATAL BASE IN APPROACH	- negletoron	n where shirtens and	quireo v	THE TENTS CONTROL	•			
		FEE IS \$150.00 Fee will be \$550	9. Election Campa .00 Trust Fund Con		`		00 May Be d to Fees				
10		OFFICERS AND	D DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11
TITLE	D		☐ Delete	TITLE						Change	Addition
NAME	ALI, TEDD			NAM							.
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP							
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STREET ADDRESS	-			STRE	ET ADDRESS						}
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CITY, ST-ZIP	1000		****		-ST-ZIP	. :	1	e e estre de la company d	بالمائية المائية	h Day tank	orfied
Thire S. EVIT	48X 1EVE		마셔스러 (Arti는 Delete.)	" TITLE		1				Change	Addition
NAME STREET ADDRESS			. 1 .	, NAM STRE	ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
12. I hereby	certify that the	ntormation supplied wi	th this filing does not qualify t	or the ex	emptions conta	ained	in Chapter 119	, Fiorida Statutes.	l further certif	y that the in	nformation
indicated	on this report rporation or the	or supplemental report receiver or trusted of	is true and accurate and that powered to execute this repor with all other like empowered	my signa t as requi	ture shall have ired by Chapter	the s r 607,	ame legal elfec Florida Statute	t as if made under s; and that my nam	oath; that I ar ne appears in	n an officer Block 10 o	or director r Block 11 if
changed	, or on an atta	mment with an addition		HLI			4/14/08	. 561	964	384	14-