


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90008 018 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P03000119326 1. Entity Name A-1 AUTO BRAKES & AIR CONDITIONING CORP. | | | |  | |
| Principal Place of Business 13634 SW 4TH TER MIAMI, FL 33184 | | | Mailing Address 13634 SW 4TH TER MIAMI, FL 33184 | | |
| 2. Principal Place of Business 13634 SW 4th Terr. | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Miami Fla. | | City & State | | 4. FEI Number 06-1712569 | |
| Zip 33184 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CACERES, MARIANO A 13634 SW 4TH TER MIAMI, FL 33184 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CACERES, MARIANO A 13634 SW 4TH TER MIAMI, FL 33184 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Ailyn P. Caceres 13634 SW 4th Terr. Miami Fla. 33184 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | | <input type="checkbox"/> Delete | | |
| 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>Mariano A. Caceres</u> <u>05/25/05</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | |