2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 21, 2005 8:00 am Secretary of State

DOCUMENT # P03000123262 1. Entity Name REY'S AUTO REPAIR & SERVICE, INC.						01-21-2005 9	0056 047	***150.0	00
Principal Place of Business -1060 E. CARROLL ST. KISSIMMEE, FE 34744		Mailing Address -1 060 E. CARROLL ST . K ISSIMMEE, FL. 34744					5	00050	154
2. Principal Place of Business 721 HARD LAND CT 721 HARD LAND									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Chg-P	CR2E03	4 (10/03)	
City & State	muce Hordo	City & State KISSIM 418L	FL		4. FEI Number 27-0070			Not	Applicable
3475	8 Country OSCEPLA		Country OSCOG	2		of Status Desired	F	8.75 Addi ee Required	
6. Name and Address of Current Registered Agent Name Doc Name and Address of New Registered Agent									
CRUZ, REY N -1060 E. CARROLE'ST.				reet Address (P.O. Box Number is Not Acceptable)					
-KISSIMMEE, FL 34744				721 HARDLAND					
			City /	(1851	MUCC		FL	Zip Code	201
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 upper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
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FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	S. Election Campaign Trust Fund Contrib		. \$5. Add	.00 May Be ed to Fees		. ··		. ,
10.	OFFICERS AND E		11.	PIS		CHANGES TO OFF	ICERS AND		
TITLE NAME	PSTD CRUZ, REYNALDO	Delete	TITLE NAME	Rei	el CRI	12 -	/	Change	☐ Addition ·
STREET ADDRESS	1060 E. CARROLL ST.		STREET ADDRESS	72	HARD	LAND	27		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	15/2	SIMMO	e, F/1	BRIJA	347	<u> </u>
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STREET ADDRESS			STREET ADDRESS			- •	-	-	
CITY-ST-ZIP			CITY-ST-ZIP	<u>L. </u>					
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.									