

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000036945

Entity Name: M-B AUTO CLINIC, INC.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

337 WEST 75TH PLACE  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

337 WEST 75TH PLACE  
HIALEAH, FL 33014 US

**New Mailing Address:**

FEI Number: 20-0776205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOYO, ALEJANDRO  
337 WEST 75TH PLACE  
HIALEAH, FL 33014 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOYO, ALEJANDRO J  
Address: 337 WEST 75TH PLACE  
City-St-Zip: HIALEAH, FL 33014 US

Title: VP  
Name: PEREZ-CEA, MIGUEL  
Address: 8114 SOUTH WEST 157 COURT  
City-St-Zip: MIAMI, FL 33193 US

Title: S  
Name: LOYO, ANDREE  
Address: 1691 TASSION VINE CIR  
City-St-Zip: WESTON, FL 33326 US

I hereby 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 all other like empowered.

SIGNATURE: ALEJANDRO LOYO

P

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date