

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000048425	
1. Entity Name IMPORTS R US AUTO REPAIR INC	



Principal Place of Business 8801 66TH ST N SUITE A PINELLAS PARK, FL 33782	Mailing Address 8801 66TH ST N SUITE A PINELLAS PARK, FL 33782
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0974644	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ACEVEDO, FRANCISCO
8801
66TH ST N SUITE A
PINELLAS PARK, FL 33781

**DO NOT WRITE
IN THIS SPACE**

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 *Francisco Acevedo* 2/18/06 *Owner*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEVEDO, FRANCISCO 8801 66TH ST N SUITE A PINELLAS PARK, FL 33781
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03/01/06-80033-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Francisco Acevedo* 2/18/06 727-545-8723
Signature and typed or printed name of signing officer or director Date Daytime Phone #