## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000069826

Entity Name: E & M AUTO CARE INC.

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1800 CONSTANTINE ST 6671 OSCEOLA POLK LINE RD ORLANDO, FL 32825 DAVENPORT, FL 33896

**Current Mailing Address: New Mailing Address:** 

6671 OSCEOLA POLK LINE RD 1800 CONSTANTINE ST ORLANDO, FL 32825 DAVENPORT, FL 33896

FEI Number: 90-0168168 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MINHAS, M NADEEM MINHAS, NADEEM 1800 CONSTANTINE ST 6671 OSCEOLA POLK LINE RD ORLANDO, FL 32825 DAVENPORT, FL 33896

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: NADEEM MINHAS 02/10/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DAVENPORT, FL 33896

Title: ( ) Delete Title: (X) Change ( ) Addition TORRESSI, EDWARD MINHAS, NADEEM Name: Name: 1800 CONSTANTINE ST 6671 OSCEOLA POLK LINE RD Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: DAVENPORT, FL 33896 VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete MINHAS, HUMIRA Name: MINHAS, MINADEEM Name: 1800 CONSTANTINE ST 6671 OSCEOLA POLK LINE RD Address: Address: ORLANDO, FL 32825 DAVENPORT, FL 33896 City-St-Zip: City-St-Zip: ( ) Delete Title: ( ) Change (X) Addition Title: MINHAS, FATIMA Name: Name: 6671 OSCEOLA POLKLINE RD Address Address:

City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MINHAS, MARIYUM Name: Name: Address: Address: 6671 OSCEOLA POLK LINE RD

City-St-Zip: City-St-Zip: DAVENPORT, FL 33896

Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MINHAS, KHADIJA

Address: Address: 6671 OSCEOLA POLK LINE RD

City-St-Zip: City-St-Zip: DAVENPORT, FL 33896

Title: () Delete Title: ( ) Change (X) Addition MINHAS, MOHAMMAD B Name: Name: 6671 OSCEOLA POLK LINE RD Address: Address:

City-St-Zip: City-St-Zip: DAVENPORT, FL 33896

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NADEEM MINHAS Ρ 02/10/2005