

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90015 015 ***150.00

DOCUMENT # P04000086766

1. Entity Name

MANANTIAL AUTO REPAIR CORPORATION



41

Principal Place of Business

7150 NW 72 AVE
MIAMI FL 33166

Mailing Address

7150 NW 72 AVE
MIAMI FL 33166

2. Principal Place of Business - No P.O. Box #

7561 NW 72 TERRACE

3. Mailing Address

7561 NW 77 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY FLORIDA

City & State

MEDLEY FLORIDA

Zip

33166

Country

Zip

33166

Country

4. FEI Number

20-1197672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

ROSARIO, MAYRA
6157 WEST 26 CT.
HIALEAH FL 33016

NO MORE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
P, S
QUINONES, JORGE H
STREET ADDRESS
11056 SW 70 CT.
CITY-ST-ZIP
MIAMI FL 33173

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Manantial Auto Repair Corporation

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-08 (786) 306-9042

Date

Office Phone #