


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

06-18-2007 90004 028 ***150.00

DOCUMENT # P04000094101	
1. Entity Name MIKE'S AUTO REPAIR SHOP, INC.	

Principal Place of Business 400 NEW YORK DRIVE FORT MYERS, FL 33905	Mailing Address 400 NEW YORK DRIVE FORT MYERS, FL 33905
---	---

2. Principal Place of Business - No P.O. Box # 4812 PALM BEACH BLVD	3. Mailing Address 4812 PALM BEACH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT MYERS FL	City & State FORT MYERS FL
Zip 33905	Country
Zip 33905	Country

40121030



06012007 Chg-P CR2E034 (12/06)

4. FEI Number 54-2150282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARAUZ, MIGUEL 400 NEW YORK DRIVE FORT MYERS, FL 33905	7. Name and Address of New Registered Agent Name ARAUZ MIGUEL Street Address (P.O. Box Number is Not Acceptable) 24 NW 7TH ST City CAPE CORAL FL Zip Code 33993
---	--

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 ** Miguel Arauz* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARAUZ MIGUEL 24 NW 7TH ST CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARAUZ MIGUEL 24 NW 7TH ST CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARAUZ MIGUEL 24 NW 7TH ST CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARAUZ MIGUEL 24 NW 7TH ST CAPE CORAL FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ** Miguel Arauz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #