

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094101

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MIKE'S AUTO REPAIR SHOP, INC.

## Current Principal Place of Business:

4812 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Principal Place of Business:

## Current Mailing Address:

4812 PALM BEACH BLVD  
FORT MYERS, FL 33905

## New Mailing Address:

FEI Number: 54-2150282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAUZ, MIGUEL  
24 N.W. 7TH ST  
CAPE CORAL, FL 33993 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OSVALDO, CLARKE  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: V ( ) Delete  
Name: CLARKE, OSVALDO  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete  
Name: CLARKE, OSVALDO  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: S ( ) Delete  
Name: CLARKE, OSVALDO  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CLARKE, OSVALDO  
Address: 4812 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OSVALDO CLARKE

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date