

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113853

FILED
Mar 28, 2008
Secretary of State

Entity Name: MISSION AUTO & TRUCK CENTER, CORPORATION

Current Principal Place of Business:

3625 E. HILLSBOROUGH AVE
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

3625 E. HILLSBOROUGH AVE
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 20-1446752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARES, CHRISTIAN
3625 E. HILLSBOROUGH AVE
TAMPA, FL 33610 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/TR () Delete
Name: PARES, CHRISTIAN
Address: 5118 VARN RD
City-St-Zip: PLANT CITY, FL 33565 US

Title: VP/S () Delete
Name: PARES, JOAN
Address: 30748 WHITE BIRD AVE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/TR (X) Change () Addition
Name: PARES, CHRISTIAN
Address: 30351 PONGO WAY
City-St-Zip: WESLEY CHAPEL, FL 33545 US

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: CHRISTIAN PARES

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date