

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000121647		
1. Entity Name LAS BRISAS AUTO REPAIR, INC.		
Principal Place of Business 2644 MICHIGAN AVENUE, SUITE B KISSIMMEE, FL 34744		Mailing Address 2644 MICHIGAN AVENUE, SUITE B KISSIMMEE, FL 34744
DO NOT WRITE IN THIS SPACE		
		04302007 No Chg-P CR2E034 (11/05)
4. FEI Number 33-1099222		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTRO, ALAN M 2450 SABLE DRIVE KISSIMMEE, FL 34744		DO NOT WRITE IN THIS SPACE
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 reinstating) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CASTRO, ALAN M 2644 MICHIGAN AVENUE, SUITE B KISSIMMEE, FL 34744	
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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: <u></u> 4/30/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #		