

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90062 026 ***150.00

DOCUMENT # P04000121822			
1. Entity Name M&B AUTO REPAIR SERVICES INC			
Principal Place of Business 1322 35TH STREET 102 ORLANDO, FL 32839		Mailing Address 1322 35TH STREET 102 ORLANDO, FL 32839	
2. Principal Place of Business <i>2401 S. Orange Blossom Trail</i>		3. Mailing Address <i>2401 S. Orange Blossom Trail</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Orlando, FL</i>		City & State <i>Orlando, FL</i>	
Zip <i>32805</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>8203164986</i>		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARRINGTON, KISHUNDAT 524 TOWNE SQUARE WAY 1612 ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name: <i>Kamalapatte Persaud</i> Street Address (P.O. Box Number is Not Acceptable): <i>268 Beckanham Dr</i> City: <i>Kissimmee</i> FL Zip Code: <i>34758</i>	
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: <i>Kamalapatte Persaud</i> <i>Kamalapatte Persaud</i> X 8/17/05 Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when reappointed) DATE			
FILE NOW! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.183(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 KISHUNDAT, BARRINGTON 524 TOWNE SQUARE WAY # 1612 ORLANDO, FL 32818 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Kamalapatte Persaud 268 Beckanham Dr. Kissimmee, FL 34758 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERSAUD, DAVENDRA 754 PARIS DR KISSIMMEE, FL 34759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Davendra Persaud 268 Beckanham Dr. Kissimmee, FL 34758 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISHUNDAT, SABRINA 524 TOWNE SQUARE WAY #1612 ORLANDO, FL 32818 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Davendra Persaud</i> <i>Davendra Persaud</i> X 8/17/05 X 4076505477 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			