

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-18-2005 90049 009 *****8.75
P04000127889

FILED
05 SEP 30 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000127889
1. Entity Name
Juan F. Puentes Service & Repair Inc.,



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>3355 West 68 St</u>		3. Mailing Address <u>3355 West 68 St</u>	
Suite, Apt. #, etc. <u>APT 134</u>		Suite, Apt. #, etc. <u>APT 134</u>	
City & State <u>HiALenh FL.</u>		City & State <u>HiALenh FL.</u>	
Zip <u>33018</u>	Country <u>DAde</u>	Zip <u>33018</u>	Country <u>DAde</u>

4. FEI Number <u>81-066-3088</u>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Juan F. Puentes Service & Repair Inc.,
Street Address (P.O. Box Number is Not Acceptable)
3355 West 68 St APT 134
City HiALenh FL Zip Code 33018

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] DATE 7/13/05
Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<u>Juan F. Puentes Service & Repair Inc</u> <u>Juan F. Puentes</u> <u>3355 West 68 St APT 134</u> <u>HiALenh FL. 33018</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>400060212384</u> <u>10/04/05 - 01046 - 013 **141.25</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>[Signature]</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 07/13/2005 (305) 822-9945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)