

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-23-2005 90084 025 ***150.00
P04000146829

DOCUMENT # P04000146829

1. Entity Name

PASTORIZA AUTO REPAIR, CORP.



FILED
05 APR -6 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11471 SW 5TH STREET
MIAMI FL 33174

Mailing Address

11471 SW 5TH STREET
MIAMI FL 33174

20015376



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

8034 NW 103 ST
Suite, Apt. #, etc.
20

3. Mailing Address

11471 SW 5 ST
Suite, Apt. #, etc.

City & State

Hialeah Gardens FL

City & State

Miami FL

4. FEI Number

20-1803962

Applied For

Not Applicable

Zip 33016
33134

Country

US

Zip

33174

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASTORIZA, HUMBERTO
11471 SW 5TH STREET
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

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 POS ☐ Delete
NAME PASTORIZA, HUMBERTO
STREET ADDRESS 11471 SW 5TH STREET
CITY- ST- ZIP MIAMI FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/05 9786 258 2310

Day

Daytime Phone #