

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000150579**

1. Entity Name

C.V BROTHERS AXLES REBUILDERS CORP



Principal Place of Business

1700 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935

Mailing Address

1700 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935



04182007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-1836270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CASTILLO, VICTORINO  
1700 N. HARBOR CITY BLVD  
MELBOURNE, FL 32935

**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 P  
NAME CASTILLO, VICTORINO  
STREET ADDRESS 1700 N. HARBOR CITY BLVD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE V  
NAME CASTILLO, MERCEDES D  
STREET ADDRESS 1700 N. HARBOR CITY BLVD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE S  
NAME CASTILLO, VITORINO  
STREET ADDRESS 1700 N. HARBOR CITY BLVD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/01/07-80136-010 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #