

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90100 010 ***150.00

DOCUMENT # P04000150983

1. Entity Name

AAA ACTION A/C & AUTO REPAIR, INC.



Principal Place of Business

3625 PEMBROKE ROAD
SUITE C-3
HOLLYWOOD FL 33021-8251

Mailing Address

3625 PEMBROKE ROAD
SUITE C-3
HOLLYWOOD FL 33021-8251



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1829234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLNIER, PAUL
1843 NORTH 66TH AVENUE
HOLLYWOOD FL 33312

7. Name and Address of New Registered Agent

Name Randy Morla
Street Address (P.O. Box Number is Not Acceptable)
6832 S.W. 16 CT.

City Pembroke Pines FL Zip Code 33023

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

Randy Morla

(NOTE: Registered Agent signature required when reinstating)

DATE

04-24-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 P ☐ Delete
NAME MORLA, ROY
STREET ADDRESS 3625 PEMBROKE ROAD, SUITE C-3
CITY-ST-ZIP HOLLYWOOD FL 33021-8251

TITLE VST ☐ Delete
NAME MORLA, RANDY
STREET ADDRESS 3625 PEMBROKE ROAD, SUITE C-3
CITY-ST-ZIP HOLLYWOOD FL 33021-8251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 exemptions contained in Section 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:

Randy Morla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-07 954-445-4059
Date Daytime Phone #