**FILED**
**May 17, 2007 8:00 am**
**Secretary of State**
03-26-2007 90075 011 ***150.00
04-16-2007 90040 036 ***150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000151875

1. Entity Name
GUSTAVO PAREDES REPAIR & SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 34 SHIRLEE STREET<br>HALLANDALE BEACH, FL 33009 | 34 SHIRLEE STREET<br>HALLANDALE BEACH, FL 33009 |

**DO NOT WRITE IN THIS SPACE**

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3133810
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PAREDES, GUSTAVO
34 SHIRLEE STREET
HALLANDALE BEACH, FL 33009

**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: Pareds
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 | DP |
| NAME | PAREDES, GUSTAVO |
| STREET ADDRESS | 34 SHIRLEE STREET |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Pareds
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #