## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



## FILED Mar 19, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUMENT # P0500000473  1. Entity Name LORENZO TIRES AND REPAIR SERVICE INC.						03-19-2007 90095 020 ***150.00				
Sultin Apil. 4, etc.	1946 VERON	ICA SHOEMAKER BLVD.	1946 VERONICA	946 VERONICA SHOEMAKER BLVD.			-	~~~~~~			
Sultin Apil. 4, etc.	2 Principal P	one of Rusiness - No B.O. Boy #	2 Mailing Address								
City & State	Z. Pillicipal Fi	ace of Business - No P.O. Box #	3. Maning Address	Maining Address					! EE(ii EEiil EEk		
Zp	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			03152007	Chg-P	CR2E03	4 (12/06)	
Second Country   Seco	City & State	3	City & State	City & State				724			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of Florida. I am furnillar with, and accept the obligations of registered agent, or both, in the Shale of	Zip Country		Zip	p Country						8.75 Add	itional
Nume		6. Name and Address of Current	Registered Agent		<del> </del>						<u> </u>
Sircet Address (P.O. Box Number is Not Acceptable)	L ORENZO				Name					<u> </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, inpode to princed name of registered agent, and late it applicable   (no)TE Registered Agent sphalare resource denotes when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource denotes when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource denotes when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource when retreatmental parts and late it applicable   (no)TE Registered Agent sphalare resource and late it applicable   (no)TE Registered Agent sphalare resources   (no)TE Registere	1946 VERONICA SHOEMAKER BLVD				Street Ad	ldress (F	P.O. Box Number	is Not Acceptable	))		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATU	TONTIMIL	17.3,1 2 33310			City			·		T 7:- 0-4	
Signature   Sign		·									
Signature, hybrid or printed runne of the paster and site if negatives to the paster and site if neg			or the purpose of chang	ing its register	ed office or	registere	ed agent, or both,	in the State of Flo	orida. I am 1a	amiliar with,	and accept
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable	(NOTE Registers	ed Agent signatur	re required	when reinstating)		DATE		
TITLE NAME LORENZO, ELIONAY SR 1946 VERONICA SHOEMAKER CITY-ST-ZPP FORT MYERS, FL 33916  TITLE NAME LORENZO, ELIONAY SR 1946 VERONICA SHOEMAKER BLVD CITY-ST-ZPP TITLE NAME LORENZO, ELIONAY SR 1946 VERONICA SHOEMAKER BLVD CITY-ST-ZPP TITLE NAME SIREET ADDRESS 1946 VERONICA SHOEMAKER BLVD CITY-ST-ZPP TITLE NAME SIREET ADDRESS 1946 VERONICA SHOEMAKER BLVD CITY-ST-ZPP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZPP TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZPP SIREET ADDRESS CITY-									· · · · · ·		
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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	NAME STREET ADDRESS CITY-ST-ZIP	notify that the inferred in		NAI Str Cit	ME HEET ADDRESS Y-ST-ZIP	ootoiss	Lin Change 110	Elogido Statutos	further and		Addition

of the corporation or the receiver or trustee empowered to execute his 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 a particles, with all other like empowered.

SIGNATURE: ⊻

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #