

ANNUAL REPORT (AR)

DOCUMENT # P05000007549

1. Entity Name

TREJOS AUTO SERVICE, INC.



FILED
Feb 26, 2007 08:00 AM
Secretary of State



Principal Place of Business

12500 SW 130 ST - # 9
MIAMI FL 33186

Mailing Address

12500 SW 130 ST - # 9
MIAMI FL 33186

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-2169233

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

ROJAS, ALEXIS
 12500 SW 130 ST - # 9
 MIAMI FL 33186

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 reinstating)

DATE

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 PD ☐ Delete
 NAME ROJAS, HECTOR
 STREET ADDRESS 12500 SW 130 ST - # 9
 CITY- ST- ZIP MIAMI FL 33186

TITLE VPD ☐ Delete
 NAME ROJAS, ALEXIS
 STREET ADDRESS 12500 SW 130 ST - # 9
 CITY- ST- ZIP MIAMI FL 33186

TITLE D ☐ Delete
 NAME TREJOS, JOSE A
 STREET ADDRESS 12500 SW 130TH ST 9
 CITY- ST- ZIP MIAMI FL 33186

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 000000646517
 STREET ADDRESS 03/06/07-80035-016 150.00
 CITY- ST- ZIP

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

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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 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:

Alexis Rojas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07

786-286-2165

Date

Daytime Phone #