## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 08, 2007 8:00 am Secretary of State **DOCUMENT # P05000018582** 02-08-2007 90037 027 \*\*\*150 00 GLORY DAYS AUTO CARE, INC. Principal Place of Business Mailing Address 7731 WEST 7TH AVE 7731 WEST 7TH AVE HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business, No P.O. Box # Suite, Apt. #, etc. 02052007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 20-2444175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, JESUS S Street Address (P.O. Box Number is Not Acceptable) 7731 WEST 7TH AVE HIALEAH, FL 33014 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 familia the obligations of registered agent. SIGNATURE. Signature, typed or printed pair (NOTE: Registered Agen 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Defete TITLE √ Change Addition TILE JESUS HILL 19611W. LAKE Drive HILL, JESUS S NAME NAME STREET ADDRESS 7731 WEST 7TH AVE STREET ADDRESS MIAMI F1.33015 CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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, withful little like empowered. SIGNATURE:

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