

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032717

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ALFRED'S AUTO CARE INC.

## Current Principal Place of Business:

8725 NW 117 ST  
BAY 16-17  
HIALEAH, FL 33018

## New Principal Place of Business:

## Current Mailing Address:

8725 NW 117 ST  
BAY 16-17  
HIALEAH, FL 33018

## New Mailing Address:

FEI Number: 20-2456024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOBO & ASSOCIATES INC  
6230 W 21CT  
HIALEAH, FL 33016 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JAKUBETZ, ALFRED R  
Address: 8340 NW 103 ST #105  
City-St-Zip: HIALEAH GARDEN, FL 33016

Title: VP ( ) Delete  
Name: JAKUBETZ, JACQUELINE  
Address: 8340 NW 103 ST #105  
City-St-Zip: HIALEAH GARDEN, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE JUKUBETZ

VP

03/24/2009

Electronic Signature of Signing Officer or Director

Date