

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000052384

1. Entity Name  
FMC AUTO REPAIR, INC.



Principal Place of Business  
1635 W 31 PL  
HIALEAH, FL 33012

Mailing Address  
1635 W 31 PL  
HIALEAH, FL 33012



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2650230

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MOGHANI, SEYED M  
1635 W 31 PL  
HIALEAH, FL 33012

**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

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

U000000754550  
05/22/07-80066-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE V  
NAME CLAY, FERNANDO  
STREET ADDRESS 1635 W 31 PL  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE V  
NAME VEGA, CASTO  
STREET ADDRESS 1635 W 31 PL  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE S  
NAME MACLAY, LILIANA  
STREET ADDRESS 1635 W 31 PL  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE P  
NAME MOGHANI, SEYED M  
STREET ADDRESS 1635 W 31 PL  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

Daytime Phone #