

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 012 ***150.00

DOCUMENT # P05000076485		
1. Entity Name GRAVERAN'S AUTO A/C AND BODY SHOP CORP		

Principal Place of Business 669 NW 26 STREET MIAMI, FL 33127 US	Mailing Address 669 NW 26 STREET MIAMI, FL 33127 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2812 SW 38 CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MIAMI, FL.
Zip	Zip 33134
Country	Country USA



08272007 Chg-P CR2E034 (12/06)

4. FEI Number 26-2914442 26-0788160	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORES, ERASMO G 669 NW 26 STREET MIAMI, FL 33127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:

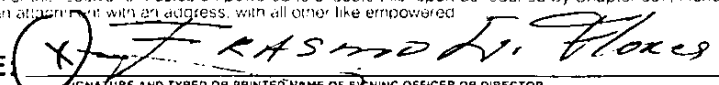
SIGNATURE _____ DATE _____

Signature of Registered Agent or Registered Agent and Sole Proprietor (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2007																							
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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 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  8-28-07 (786)426-4473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR