2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000141015

E & E AUTO SALES AND GRAL. REPAIRS, INC.



Principal Place of Business

Mailing Address

8038 NW 103 ST BAY - 33-34-39-40 HIALEAH GARDEN, FL 33016

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



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03262007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-3646230 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

ROQUETA, LUIS M 8038 NW 103 ST., BAY 39-40 HIALEAH, FL 33016

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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 Signature, typed or printed name of registered agent and title if applicable. (NO1E Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Efection Campaigr Trust Fund Contrib	~ _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	Р			٠	
NAME	ROQUETA, LUIS M				
STREET ADDRESS	TREET ADDRESS 8038 NW 103 ST., BAY 39-40		,	·	

HIALEAH, FL 33016 CITY-ST-ZIP TITLE FLEITAS, YAMILA 8038 NW 103 ST STREET ADDRESS HIALEAH GARDEN, FL 33016 CITY-ST-ZIP TITLE NAME STPEET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 of trustee ampowered 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 the information. LUISH. ROQUE

SIGNATURE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 84.30.07

Daytime Phone ∉