


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**


05-02-2007 90108 026 \*\*\*150.00

<b>DOCUMENT # P06000016362</b>	
1. Entity Name <b>AUTO APPEARANCE EXPERTS, INC.</b>	

Principal Place of Business <b>4001 W. SILVERADO CIRCLE DAVIE, FL 33024 US</b>	Mailing Address <b>4001 W. SILVERADO CIRCLE DAVIE, FL 33024 US</b>
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2. Principal Place of Business - No P.O. Box # <b>5156 SW 90TH AVE</b>	3. Mailing Address <b>5156 SW 90TH AVE.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Cooper City, FL</b>	City & State <b>Cooper City, FL</b>
Zip <b>33328</b>	Zip <b>33328</b>
Country <b>U.S.</b>	Country <b>U.S.</b>

	
04232007	Chg-P CR2E034 (12/06)
4. FEI Number <b>20-4252454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>UDDIN, NADEEM 4001 W. SILVERADO CIRCLE DAVIE, FL 33024</b>	
<i>SAME AS ABOVE</i>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,VP UDDIN, NADEEM 4001 W. SILVERADO CIRCLE DAVIE, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P,VP S,T UDDIN, NADEEM 5156 SW 90TH AVE. COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S,T UDDIN, NADEEM 4001 W. SILVERADO CIRCLE DAVIE, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>See Above</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Nadeem Uddin</i>	<b>4-24-07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # <b>954-613-8639</b>	