


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # P06000043973**  
1. Entity Name  
ANTONIO AUTO MECHANIC, INC.



Principal Place of Business  
8040 NW 103RD ST BAY #43  
HIALEAH GARDENS, FL 33016

Mailing Address  
8040 NW 103RD ST BAY #43  
HIALEAH GARDENS, FL 33016

**DO NOT WRITE IN THIS SPACE**



07122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4646583	Applied For 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

ALMONTE, ANTONIO  
8040 NW 103RD ST BAY #43  
HIALEAH GARDENS, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALMONTE, ANTONIO 8040 NW 103RD ST, BAY 43 HIALEAH GARDENS, FL 33016
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08/11/08-80001-021 150.00

**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]* **ANTONIO ALMONTE** 07/12/08 905-321-2629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #