



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90414 003 ***150.00

DOCUMENT # P06000062814 1. Entity Name PROFESSIONAL MOBILE AUTO REPAIR INC.					
Principal Place of Business 17760 NW 77TH CT. HIALEAH, FL 33015			Mailing Address 17760 NW 77TH CT. HIALEAH, FL 33015 <i>PLEASE change</i>		
2. Principal Place of Business - No P.O. Box # 17760 NW 77 CT		3. Mailing Address 7934 MADEIRA ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04102007 Chg-P CR2E034 (12/06)	
City & State Hialeah FL		City & State Miramar FL		4. FEI Number 23-8013593879-6	
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PADILLA, JUAN C 17760 NW 77TH CT. HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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: <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4-11-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADILLA, JUAN C 17760 NW 77TH CT. HIALEAH, FL 33015	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 or without like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 4-11-07 <small>Daytime Phone #</small>	



Department of the Treasury
Internal Revenue Service

Cincinnati, OH 45999

In reply refer to:

May 4, 2007

LTR 147C

20-4821904.

ATTACHMENT

66013550

#06000062814

PROFESSIONAL MOBILE AUTO REPAIR INC

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7934 MADEIRA ST

MIRAMAR, FL 33023

Taxpayer Identification Number: 20-4821904.

Dear PROFESSIONAL MOBILE AUTO REPAIR INC

Thank you for the inquiry of May 4, 2007

Your employer identification number (EIN) is 20-4821904. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents.

If you have any questions, please call our Customer Service area at 1-800-829-0115 between the hours of 7:00 A.M. and 10:00 P.M. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Ms. J. Cason

Customer Service Representative