

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90007 001 \*\*\*150.00  
09-07-2007 90007 002 \*\*\*\*\*8.75  
09-07-2007 90007 003 \*\*\*\*\*5.00

**66021807**



09032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000102001</b> 1. Entity Name <b>E MECHANIC REPAIR, INC</b>					
Principal Place of Business <b>8801 HUNTERS LAKE DR. APT # 827 TAMPA, FL 33647</b>			Mailing Address <b>8801 HUNTERS LAKE DR. APT # 827 TAMPA, FL 33647</b>		
2. Principal Place of Business - No P.O. Box # <b>1717 E. Busch Blvd, Ste 1108 Tampa FL</b>		3. Mailing Address <b>5228 Gato del sol Cir. Suite, Apt. #, etc. Wesley Chapel</b>			
City & State <b>33612</b>		City & State <b>Wesley Chapel</b>		4. FEI Number <b>56-2581807</b>	
Zip <b>33612</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOISE, SAINT-JUSTE F SR 8801 HUNTERS LAKE DR. 827 TAMPA FL, FL 33647</b>			7. Name and Address of New Registered Agent Name <b>Saint-Juste M. Falouth</b> Street Address (P.O. Box Number is Not Acceptable) <b>5228 Gato del sol Cir</b> City <b>Wesley Chapel</b> <b>FL</b> Zip Code <b>33544</b>		
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 <b>Saint-Juste M. Falouth</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>9/3/07</b>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MOISE, SAINT-JUSTE F</b> <input checked="" type="checkbox"/> Delete <b>8801 HUNTERS LAKE DR. # 827</b> <b>TAMPA, FL 33674</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Saint-Juste M. Falouth</b> <input type="checkbox"/> Delete <b>5228 Gato del sol Cir</b> <b>Wesley Chapel FL 33544</b>		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	
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	
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.

*(Signature)*

**9/03/07**