## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000110505

Entity Name: E G SERVICE & REPAIR'S INC.

FILED Jan 27, 2009 Secretary of State

Entity Nai	me: EGSER	VICE & REPAIR'S INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
8766 NW 140 LANE MIAMI LAKES, FL 33018				8766 NW 140TH LANE MIAMI LAKES, FL 33018	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
8766 NW 140 LANE MIAMI LAKES, FL 33018			8766 NW 140TH LANE MIAMI LAKES, FL 33018		
FEI Number	: 20-5436630	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
PEREZ-MESA, EDUARDO 8766 NW 140 LANE MIAMI LAKES, FL 33018 US			8766 NW 140TH L	PEREZ-MESA, EDUARDO 8766 NW 140TH LANE MIAMI LAKES, FL 33018 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				01/27/2009	
		nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES ( PEREZ-MESA, 8766 NW 140 MIAMI LAKES,	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( REGALADO, G 8766 NW 140 MIAMI LAKES,	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA ( ACUNA, GELK 8766 NW 140 I MIAMI LAKES,	LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO PEREZ MESA PRES 01/27/2009