

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90052 008 \*\*\*150.00

**DOCUMENT # P06000118672**

1. Entity Name  
**PERFECT AFTERMARKET SOLUTIONS, INC.**



Principal Place of Business  
**6463 LACOSTA DRIVE  
SUITE 203  
BOCA RATON, FL 33433**

Mailing Address  
**6463 LACOSTA DRIVE  
SUITE 203  
BOCA RATON, FL 33433**

40001400



2. Principal Place of Business - No P.O. Box #  
**4100 N. POWERLINE Rd.**

3. Mailing Address  
**4100 N. POWERLINE Rd.**

Suite, Apt. #, etc.  
**G-2**

Suite, Apt. #, etc.  
**G-2**

01082007 Chg-P CR2E034 (12/06)

City & State  
**BONPANO BEACH, FL.**

City & State  
**BONPANO BEACH, FL.**

4. FEI Number  
**30-0385077**

Applied For  
Not Applicable

Zip  
**33073**

Country  
**BROWARD**

Zip  
**33073**

Country  
**BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VALDES, REYNALDO  
6463 LACOSTA DRIVE  
SUITE 203  
BOCA RATON, FL 33433**

**7. Name and Address of New Registered Agent**

Name  
**REYNALDO VALDES**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 N. POWERLINE Rd. S**  
**SUITE G-2**  
City  
**BONPANO BEACH** FL Zip Code  
**33073**

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

*Reynaldo Valdes*

**01-8-07**

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
**PRESIDENT** ☐ Delete  
NAME  
**REYNALDO VALDES**  
STREET ADDRESS  
**6463 LA COSTA DR. #203**  
CITY-ST-ZIP  
**BOCA RATON, FL. 33433**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Reynaldo Valdes*

**01-08-07 (934) 971-2646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #