2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000122481

1. Entity Name

BROWNSVILLE AUTO REPAIR INC



Principal Place of Business

Mailing Address

3145 NW 54TH ST MIAMI, FL 33142 3145 NW 54TH ST MIAMI, FL 33142

FILED May 06, 2008 8:00 am Secretary of State

05-06-2008 90029 046 ***150.00



DO NOT WRITE IN THIS SPACE

 05012008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-5597416
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTANA, RICARDO 3145 NW 54TH ST MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTANA, RICARDO 3145 NW 54TH ST MIAMI, FL 33142	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-
12. Thereby certify that the information supplied with this filling 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 dath; that I am an officer or director				

12. I hereby certify that the information supplied with this filling 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 as address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

AFMa OURATOWA

Daytime Phone #