2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000141160

1. Entity Name

NELSON AUTO REPAIR INC



Principal Place of Business

3255 NW 30 ST MIAMI, FL 33142

Mailing Address

3255 NW 30 ST MIAMI, FL 33142

- · FILED · May 01, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02212008 No Chg-P

20-5860499 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

4. FEI Number

Applied For

6. Name and Address of Current Registered Agent

MARTINEZ, OSVALDO 782 NW 42 AVE. #2 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	urpose of changing its register	ed office or re	gistered agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			d Agent signatura r	equired when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000 05/28/08)940716 -80077-021	150.00
10.	· OFFICERS AND DIREC	CTORS	Section 1 and				
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NAME				34			

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 trueter 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 the information indicated on this report of 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 trueter 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 the information indicated on this report of the corporation of the corporation of the receiver or trueter 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 the information indicated on this report is trueted.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME: " 1 STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR