


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 8:00 am
Secretary of State

09-05-2007 90005 035 ***150.00

DOCUMENT # P06000150063

1. Entity Name
MARCELO'S AUTO TECH INC



Principal Place of Business Mailing Address
12468-12470 SW 128 ST **12468-12470 SW 128 ST**
MIAMI, FL 33186 **MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07162007 Chg-P CR2E034 (12/06)

4. FCI Number Applied For
20-5980929 Not Applicable

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

6. Name and Address of Current Registered Agent

HASSING, CRISTINA
12468-12470 SW 128 ST
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
 Street Address / P.O. Box Number (if Not Applicable)
 City **FL** Zip Code

8. The above named entity/agent is 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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)			
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	P	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HASSING, MARCELO						
	12468-12470 SW 128 ST						
	MIAMI, FL 33186						
	VP	<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HASSING, CRISTINA						
	12468-12470 SW 128 ST						
	MIAMI, FL 33186						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete				<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 207, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an explanation of other file empowered.

SIGNATURE: *Marcelo Hassing* 08/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR