

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000040998

1. Entity Name
PROFESSIONAL AUTO BROKERS INC.



FILED

08 JUN 11 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

115 SE 4 STREET
HOMESTEAD, FL 33030

Mailing Address

115 SE 4 STREET
HOMESTEAD, FL 33030

2. Principal Place of Business - No P.O. Box #

171 NW 17 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06102008 Chg-P CR2E034 (12/06)

City & State

HOMESTEAD FL

City & State

4. FEI Number

41-2234309

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARINA M
8980 NW 166 TERR.
MIAMI LAKES, FL 33018

7. Name and Address of New Registered Agent

Name LUIS D. NARANJO

Street Address (P.O. Box Number is Not Acceptable)

171 NW 17 ST

City

HOMESTEAD FL

Zip Code

33030

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

Luis D. Naranjo

6-10-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign 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

TITLE P
NAME RODRIGUEZ, MARINA M
STREET ADDRESS 115 SE 4 STREET
CITY-ST-ZIP HOMESTEAD, FL 33030 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P LUIS D. NARANJO ☐ Change ☒ Addition
NAME 171 NW 17 ST
STREET ADDRESS HOMESTEAD FL 33030

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400131630644
06/24/08--01035--003 ***150.00

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

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

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

Luis D. Naranjo

6-10-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08 JUN 11 AM 11:54