


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90015 024 ***158.75

DOCUMENT # P07000079669 1. Entity Name A.P. AUTO SERVICE AND REPAIRS, INC.					
Principal Place of Business 4550 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US			Mailing Address 1499 NW 97TH TERRACE CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # 9550 W. SAMPLE RD		3. Mailing Address Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FLORIDA		City & State			
Zip 33065	Country USA	Zip	Country	4. FEI Number 26-0521102	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAULINO, YOKASTA 1499 NW 97TH TERRACE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PAULINO, YOKASTA		TITLE <input type="checkbox"/> Delete		
STREET ADDRESS 1499 NW 97TH TERRACE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME CUADROS, PABLO		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 1499 NW 97TH TERRACE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS <input type="checkbox"/> Delete		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: <i>Pablo Cuadros</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PABLO CUADROS V. PRESIDENT		
			Date 4-18-08 Daytime Phone # (954) 655-695		