

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000085142

1. Entity Name
PURO AUTO REPAIR INC.



**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90102 030 ***150.00

Principal Place of Business
4301 WEST ALVA ST
TAMPA, FL 33614

Mailing Address
7711 WEST PAULA DR
TAMPA, FL 33615

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

04182008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

AVALOS, RODOLFO
7711 WEST PAULA DR
TAMPA, FL 33615

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

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 Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME AVALOS, RODOLFO
STREET ADDRESS 7711 WEST PAULA DR
CITY-ST-ZIP TAMPA, FL 33615

TITLE VP
NAME JIMENEZ, SARAI
STREET ADDRESS 7711 WEST PAULA DR
CITY-ST-ZIP TAMPA, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

Daytime Phone #