

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116701

FILED
Feb 21, 2009
Secretary of State

Entity Name: B & P AUTO RECOVERY SERVICES INC.

Current Principal Place of Business:

10694 COSMONAUT BLVD
LOT #101
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

2364 TOPAZ TRAIL
KISSIMMEE, FL 34743

New Mailing Address:

10694 COSMONAUT BLVD.
LOT# 101
ORLANDO, FL 32824

FEI Number: 41-2256034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGES, JULIO CESAR SR
2364 TOPAZ TRAIL
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

BOGES, JULIO CESAR SR
10694 COSMONAUT BLVD.
LOT#101
ORLANDO, FL 32824 US

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.

SIGNATURE:

02/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BORGES, JULIO CESAR SR.
Address: 2364 TOPAZ TRAIL
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: PERDOMO, MANUEL SR
Address: 9850 NW 27ST
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BORGES, JULIO CESAR SR.
Address: 10694 COSMONAUT BLVD.
City-St-Zip: ORLANDO, FL 32824

Title: VP (X) Change () Addition
Name: PERDOMO, MANUEL SR
Address: 10694 COSMONAUT LOT#101
City-St-Zip: ORLANDO, FL 32824

Title: VP () Change (X) Addition
Name: MOJICA, ANTHONY
Address: 10694 COSMONAUT BLVD. LOT#101
City-St-Zip: ORLANDO, FL 32824

Title: S () Change (X) Addition
Name: BORGES, ELIZABETH
Address: 10694 COSMONAUT BLVD. LOT 101
City-St-Zip: ORLANDO, FL 32824

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH BORGES

S

02/21/2009

Electronic Signature of Signing Officer or Director

Date