2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P07000130089 1. Entity Name ALL AMERICAN AUTO SERVICE INC									03-10-2	2008 90	0057 03	7 ***15	0.00	
Principal Place of Business 915 NE 5TH ST CRYSTAL RIVER, FL 34429			ç	Mailing Address 915 NE 5TH ST CRYSTAL RIVER, FL 34429				400-	(38 121 88 481 11		10 181 13 11 3 (0	11886 II 1881	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02282008	Chg-P		CR2E03	4 (12/06)		
City & State				City & State				4. FEI Numb	-	15473	365·		plied For t Applicable	
Zip	Country			Zip	Coun	try	5. Certificate of Status Desired S8.75 Addition Fee Required							
	6. Name	tered Agent		Name		7. Name and	Address of	New Reg	stered Ag	ent				
CARTA, ARTURO								vio De						
2445 N DC							Street Address (P.O. Box Number is Not Acceptable) 915 NE 5th St							
CRYSTAL RIVER, FL 34428														
	\sim					City	Crvs	tal Ri	VAL		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. Lam familiar with, and acceptate obligations of registered agent.													and accept	
irle obligat	ions of legisin	area agent.	//	21.		. /-			7		v			
SIGNATURE Signature, hyped or brinted name chandistored agent and title if applicable. (NOTE: Regulated Agent suprature 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.								00 May Be ed to Fees				10.		
10.	Р	OFFICERS AND	DIREC		11.			ADDITIONS	/CHANGES T	O OFFICE	_			
TITLE NAME	P Q Q CARTA, ARTURO				TITLE NAM:						l	Change	Addition	
STREET ADDRESS CITY+ST+ZIP	1	ONOVAN AVE . RIVER, FL 34428			E1 ADDRESS -S1 - ZIP									
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NAME STREET ADDRESS					NAMI	ET ADORESS								
CITY-ST-ZIP						·ST-ZIP	1							
indicated of the cor	12. I hereby certify that the information supplied with this filling 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: Silvio Degado 3-1-00													
SIGNAL		SIGNATURE AND TYPED OR	PRINTER	NAME OF SIGNING OFFICER	T V T (or v	<u>a00</u>		3-/-0	, ,	Davi	ime Phone #		