

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000014275

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** EXPRESSIONS WHEEL REFINISHING, INC.

**Current Principal Place of Business:**

2717 SW 12TH PLACE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

2717 SW 12TH PLACE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

2717 SW 12TH PLACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

2717 SW 12TH PLACE  
CAPE CORAL, FL 33914 US

FEI Number: 26-2028624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FUMERO JR., MIGUEL  
2717 SW 12TH PLACE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FUMERO JR, MIGUEL  
Address: 2717 SW 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FUMERO JR, MIGUEL  
Address: 2717 SW 12TH PLACE  
City-St-Zip: CAPE CORAL, FL 33914 US

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: MIGUEL A FUMERO

PD

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date