


# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 910000093966	
1. Entity Name V & P Automotive Repair Inc.	

11 JUN -1 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 4011 Pembroke Rd.	3. Mailing Address 4011 Pembroke Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33021 Country	Zip 33021 Country

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE	4. FEI Number 27-3987492		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Jose Perez		
Street Address (P.O. Box Number is Not Acceptable) 2851 Griffin Rd Apt. 112			
City Ft. Lauderdale FL Zip Code 33312			

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 re-registering)

DATE

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

E-mail Address:  
besttax1040@yahoo.com  
E-mail address to be used for future annual report notices.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Perez 4011 Pembroke Rd. Hollywood, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ivan Ylaine 5900 Hayes St. Apt #8 Hollywood, FL 33021
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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.154 F.S.

SIGNATURE:

*Jose Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/20/11 786-277-2551