

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000072515

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** CHIRES AUTO REPAIRS ENTERPRISES INC.

**Current Principal Place of Business:**

651 N GOLDENROD RD.  
SUITE # 4  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

651 N GOLDENROD RD.  
SUITE # 4  
ORLANDO, FL 32807 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

CRUZ, SAMUEL  
9605 BUOY CT  
ORLANDO, FL 32817 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROJAS, MIGUEL A  
Address: 651 GOLDENROD RD.  
City-St-Zip: ORLANDO, FL 32807 US

I hereby 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 all other like empowered.

SIGNATURE: MIGUEL ROJAS

P

05/01/2012

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

\_\_\_\_\_ Date