


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 19, 2008 8:00 am**  
**Secretary of State**

08-19-2008 90004 017 \*\*\*150.00

DOCUMENT # P92000008681  
 1. Entity Name  
 FRED'S AUTOMOTIVE SUPER SERVICE, INC.



Principal Place of Business      Mailing Address  
~~6454 W. COMMERCIAL BLVD.~~      ~~6454 W. COMMERCIAL BLVD.~~  
 LAUDERHILL, FL 33319      LAUDERHILL, FL 33319  
 6458 W. Commercial Blvd.

40113863



08122008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0374133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GHONEM, FOUAD  
~~6454 W. COMMERCIAL BLVD.~~      6458 W. Comm.  
 LAUDERHILL, FL 33319      Blvd.

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GHONEM, FOUAD <del>6454 W. COMMERCIAL BLVD.</del> LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6458 W. Commercial Blvd.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 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: Y Omar BekBICHI      08/12/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #