# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 20, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P93000010610

1. Entity Name
B & G AUTO REPAIR, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7852 N.W. 44TH ST.<br>SUNRISE, FL 33351 | 4716 N.W. 82ND AVE.<br>LAUDERHILL, FL 33351 |

01072004

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0523401

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

ROLES, GENE
4716 NW 82 AVE
LAUDERHILL, FL 33351

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | ROLES, GENE |
| STREET ADDRESS | 4716 NW 82 AVE |
| CITY-ST-ZIP | LAUDERHILL, FL 33351 |
| TITLE | D |
| NAME | HOLENDER-ROLES, BARBARA |
| STREET ADDRESS | 4716 NW 82 AVE |
| CITY-ST-ZIP | LAUDERHILL, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000008931
01/20/04-80083-013 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

BARBARA HOLENDER-ROLES, V.P.

**SIGNATURE:** Barbara Holender-Roles, V.P. 1-15-2004 954-742-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #