

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000021205					
1. Entity Name FLORIDA AUTO, INC.					
Principal Place of Business 1615 FLA-GA HWY HAVANA FL 32333			Mailing Address 1615 FLA-GA HWY HAVANA FL 32333		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent FARSI, EZZATOLLAH 1615 FLA-GA HWY HAVANA FL 32333				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	PD FARSI, EZZATOLLAH <input type="checkbox"/> Delete RT 1 BOX 1350 HAVANA FL 32333				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY ST ZIP					
U000000601674 01/26/07-80060-006 150.00					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Ezzatollah</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/22/07					
Daytime Phone #: 850-562-7466					