2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90120 001 ***150.00
04-02-2007 90120 002 *****8.75

DOCUMENT # P93000074300

1. Entity Name
J & H'S TONY'S AUTO REPAIR, INC.

Principal Place of Business
2100 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

Mailing Address
2100 N. POWERLINE ROAD
POMPANO BEACH, FL 33069

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

03232007 Chg-P CR2E034 (12/06)

4. FEI Number: 65-0449039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCORZELLI, ANTHONY
5401 SW 7TH STREET
MARGATE, FL 33068

7. Name and Address of New Registered Agent
Name: ELVIS FALERO
Street Address (P.O. Box Number is Not Acceptable): 2100 N POWERLINE RD
City: POMPANO BCH FL Zip Code: 33069

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SCORZELLI, ANTHONY ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES HENRY FALERO 2100 N POWERLINE RD POMPANO BCH FL 33069 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES ELVIS FALERO 2100 N POWERLINE RD POMPANO BCH FL 33069 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #