


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000006353 1. Entity Name ALL AUTO HUSTLERS, INC.	
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Principal Place of Business 3710 N 40TH ST TAMPA, FL 33610 US	Mailing Address 3710 N 40TH ST TAMPA, FL 33610 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3242917

Applied F
Not Appli

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACK, ANTHONY K
100 S. ASHLEY DR.
SUITE 1240
TAMPA, FL 33602**

**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 acknowledge 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONCALVES, AUGUST 3710 N 40 STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONCALVES, PATRICIA 3710 N 40 ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONCALVES, PATRICIA 3710 N 40 ST TAMPA, FL
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IN THIS SPACE**

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01/10/07-80051-021 150.00

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Goncalves* 1-8-07 813622-7928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #