2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P94000010660

1. Entity Name

UNIVERSAL AUTO REPAIR AND SALES INC.



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

751A CARSWELL AVENUE HOLLY HILL, FL 32117

Mailing Address

PO BOX 250550

DAYTONA BEACH, FL 32125



DO NOT WRITE IN THIS SPACE

03262007	No Chg-P	CR2E034 (11/05)	

4. FEI Number 59-3224430

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLOREA, TRAIAN I 751A CARSWELL AVENUE HOLLY HILL, FL 32117

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the piions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or profiled name of registered agent and title i	fapplicable. (NOTE: Registera	d Agent signatun	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS]		, , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOREA, TRAIAN I 751A CARSWELL AVENUE HOLLY HILL, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000733935 05/09/07-80106-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby c	ertify that the information supplied with this fili-	ng does not qualify for the exe	motions con	tained in Chapter 119.	Florida Statutes. I further certify that the information

indicated on this report or supplied wire inis limit does not quality for the exemptions contained in chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 trusted 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. TRAIAN I FLOREA

SIGNATURE