

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000025633

**Entity Name:** HUDSON AUTO CARE, INC.

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8619 STATE ROAD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8619 STATE ROAD 52  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3228376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAVLIDES, NIKOLAS N PRESIDE  
8619 STATE ROAD 52  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: PAVLIDES, NIKOLAS  
Address: 8619 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667

Title: O  
Name: PAVLIDES, SAUMELA  
Address: 8619 STATE ROAD 52  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NIKOLAS PAVLIDES

PRES

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date