

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000004874

1. Entry Name

A AUTO TECHNICIAN, INC.



Principal Place of Business

3051 SW 38TH COURT
MIAMI FL 33146

Mailing Address

3051 SW 38TH COURT
MIAMI FL 33146

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

4. FEI Number 65-0554389

Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEYS, CAROL F
12700 BISCAYNE BLVD. STE. 203
NO. MIAMI FL 33181

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

Signature typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent must be a resident of the State of Florida.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME BINKER, ABRAHAM
STREET ADDRESS 3051 SW 38TH CT
CITY-ST-ZIP MIAMI FL 33145

☐ Change ☐ Addition
U000000926226
05/20/08-80059-006 150.00

TITLE D ☐ Delete
NAME KEYS, NEAL S
STREET ADDRESS 1911 NE 172ND STREET
CITY-ST-ZIP NO. MIAMI BEACH FL 33162

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABRAHAM BINKER 4/23/08 305-448-4400