

NO. 1227 P. 1

FILED

May 05, 2008 08:00 AM

Secretary of State

DOCUMENT # P95000028428		May 03, 2008 Secretary of																															
Entity Name: P.S.R. AUTO REPAIR, INC.																																	
Principal Place of Business: 1910 N.W. 7TH STREET MIAMI, FL 33125		Mailing Address: 1910 N.W. 7TH STREET MIAMI, FL 33125																															
DO NOT WRITE IN THIS SPACE																																	
		04302008 No Chg CR2E034 (11/05)																															
		4. FEI Number 66-0571164																															
		Applied For ☐ Not Applicable																															
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																															
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE																															
CALDERON PEDRO 1910 N.W. 7TH STREET MIAMI, FL 33125																																	
A. The undersigned hereby 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 the registered agent.																																	
SIGNATURE _____ DATE _____ (Signature must be signed by a registered agent or officer/director) NOTE: Registered agent required when transferring																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may Be Added to Fees																															
10. OFFICERS AND DIRECTORS		U000000947134 06/02/08-80002-005 150.00																															
<table border="1"><tr><td>TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>CALDERON PEDRO</td></tr><tr><td>STREET ADDRESS</td><td>1910 NW 7TH STREET</td></tr><tr><td>CITY-STATE-ZIP</td><td>MIAMI, FL 33125</td></tr><tr><td>PHONE</td><td></td></tr><tr><td>HOME PHONE</td><td></td></tr><tr><td>CELL PHONE</td><td></td></tr><tr><td>FAX</td><td></td></tr><tr><td>EMAIL</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td></tr><tr><td>PHONE</td><td></td></tr><tr><td>HOME PHONE</td><td></td></tr><tr><td>CELL PHONE</td><td></td></tr><tr><td>FAX</td><td></td></tr><tr><td>EMAIL</td><td></td></tr></table>				TITLE	PD	NAME	CALDERON PEDRO	STREET ADDRESS	1910 NW 7TH STREET	CITY-STATE-ZIP	MIAMI, FL 33125	PHONE		HOME PHONE		CELL PHONE		FAX		EMAIL		STREET ADDRESS		CITY-STATE-ZIP		PHONE		HOME PHONE		CELL PHONE		FAX	
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12. I hereby certify that the information supplied with this filing reflects the entity and the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct. My signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or partnership or limited liability company being filed with this filing, and my name appears on Block 10 or Block 11 of this filing.		DO NOT WRITE IN THIS SPACE																															
SIGNATURE: _____		DATE: _____																															