

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

|                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P95000030129</b>                          |  |
| 1. Entity Name<br><b>MOTOR WORKS AUTO REPAIRS, INC.</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>7430 NW 51 STREET<br/>LAUDERHILL FL 33319<br/>US</b> | Mailing Address<br><b>7430 NW 51 STREET<br/>LAUDERHILL FL 33319<br/>US</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/07)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0574098</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                      |
| <b>FUJAUSKI, RONALD E<br/>7430 N.W. 51ST STREET<br/>LAUDERHILL FL 33319</b> |

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when submitting.)

**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 |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | VD <input type="checkbox"/> Delete  |
| NAME                       | FUJAUSKI, RONALD E                  |
| STREET ADDRESS             | 7430 NW 51 STREET                   |
| CITY-ST-ZIP                | LAUDERHILL FL                       |
| TITLE                      | PTS <input type="checkbox"/> Delete |
| NAME                       | FUJAUSKI, ELEKMAN CELIA             |
| STREET ADDRESS             | 7430 NW 51ST STREET                 |
| CITY-ST-ZIP                | LAUDERHILL FL                       |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |

000000876699  
04/11/08-80093-011 150.00

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

**SIGNATURE:** *Celia Elekman Fujauski* **CELIA ELEKMANFUJAUSKI** (454) 746-5288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR