2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000044758

1. Entity Name

A/C AND AXLES AUTO REPAIRS, CORPORATION



FILED Mar 24, 2008 08:00 Secretary of State

Principal Place of Business

2894 W. 3RD CT. HIALEAH, FL 33010 Mailing Address

2894 W. 3RD CT. HIALEAH, FL 33010



DO I	NOT	WRITE	IN THIS	SPACE
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No Chg-P CR2E034 (11/05) 01052008 4. FEI Number Applied For

5. Certificate of Status Desired

65-0586345

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

BARBADALLO, JUAN 16710 NW 48 CT OPA LOCKA, FL 33055

SIGNATURE:

DO NOT WRITE IN THIS SPACE

01/20/08

Daytime Phone #

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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			,			
10.	OFFICERS AND DIREC	CTORS						
NAME STREET ADDRESS CITY ST- ZIP	PST BARBADILLO, JUAN 16710 NW 48 CT OPA LOCKA, FL 33055				U00000867639 04/08/08-80079-008 150.00			
HILE MANE STREET ADDRESS CHY ST ZIP					,			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			DO NOT WRITE					
ISTLE NAME STREET ADDRESS CITY ST-ZIP				IN ⁻	THIS SPACE			
THEE NAME SIREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M							
12. Thereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report or supplemental applicity true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or displayment of 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.								

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR