

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000066151

1. Entity Name

AUTO LAB, INC.



**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E034 (10/04)

Principal Place of Business

6921 PARTIRDGE LN  
ORLANDO FL 32807

Mailing Address

6921 PARTIRDGE LN  
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

59-3317377

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, IRENE  
6921 PARTIRDGE LN  
ORLANDO FL 32807

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May 2  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RIVERA, IRENE  
STREET ADDRESS 6921 PARTIRDGE LN  
CITY- ST- ZIP ORLANDO FL 32807 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add  
U00000360876  
05/05/05-80051-015 150.00

TITLE T  
NAME HERNANDEZ, ARMANDO  
STREET ADDRESS 6921 PARTIRDGE LN  
CITY- ST- ZIP ORLANDO FL 32807 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Irene H. Rivera*  
IRENE H. RIVERA 4/28/05 657-  
6288