


**NON-PROFIT CORPORATION
ANNUAL REPORT (AR)**

112

DOCUMENT # P95000076349
 1. Entity Name
GILBERT'S AUTO REPAIRS INC



FILED

2005 JUL 29 AM 10:37

Principal Place of Business Mailing Address
 5000 GRIFFIN ROAD 5000 GRIFFIN ROAD
 DAVIE FL 33314 DAVIE FL 33314
 US US

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



3/11/05 90298 034 150
 1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0612604** 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
**ALVINO, GILBERTO A
 5000 GRIFFIN ROAD
 DAVIE FL 33314**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVINO, GILBERTO A 5000 GRIFFIN ROAD DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Gilberto A. Alvino*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-05 992-2333
Date Daytime Phone #

2/2

GILBERT'S TOWING

5000 Griffin Road
Davie, FL 33314
Ph: 954-792-0437/954-792-0333
Fax: 954-792-2207

HABLAMOS ESPANOL

Date: 7-21-05

From: _____

To: _____

Message:

To whom it may concern:

I never received a letter stating that the documents enclosed were rejected. I just received paperwork on 7-15 stating that I needed to file for the A.P.C And I know I had already done that on March 7 05. After speaking to one of your agents I was notified that this letter must accompany the documents.

Thank you very much and have a wonderful day.

Art P. Plesco