


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000072698 1. Entity Name DAVIE BRAKES & AUTO REPAIRS, INC.	
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Principal Place of Business
4290 DAVIE ROAD EXTENSION
DAVIE, FL 33024

Mailing Address
4290 DAVIE ROAD EXTENSION
DAVIE, FL 33024



03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0695959	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HUSHCOVIRI, ZEEV
4290 DAVIE RD EXT
DAVIE, FL 33024

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS ZEEV, HERSHCOVICI % 4290 DAVIE ROAD EXTENSION DAVIE, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NISSIM, PENIAS 4290 DAVIE ROAD EXTENSION DAVIE, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/29/04-80156-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04
Date

854-8612555
Daytime Phone #