

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000096150

FILED
Apr 13, 2009
Secretary of State

Entity Name: HALF PRICE AUTO REPAIR, INC.

Current Principal Place of Business:

9695 N.W. 79 AVE.
SUITE 23
HIALEAH, FL 33016

New Principal Place of Business:

9695 N.W. 79 AVE.
SUITE 23
HIALEAH GARDENS, FL 33016

Current Mailing Address:

9695 N.W. 79 AVE.
SUITE 23
HIALEAH, FL 33016

New Mailing Address:

9695 N.W. 79 AVE.
SUITE 23
HIALEAH GARDENS, FL 33016

FEI Number: 65-0710958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINA, MARIO G
1049 W. 42 PLACE
UNIT #9
HIALEAH GARDENS, FL 33016 US

Name and Address of New Registered Agent:

PINA, MARIO G
6742 W 22 LN
UNIT 3-1
HIALEAH GARDENS, FL 33016 US

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.

SIGNATURE: MARIO G PINA

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: PINA, MARIO G
Address: 8414 NW 103 ST A-308
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: PINA, MARIO G
Address: 6742 W 22LN UNIT 3-1
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO G PINA

PSD

04/13/2009

Electronic Signature of Signing Officer or Director

Date