## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P97000004945

1. Entity Name

SMITTY'S ALTERNATOR REPAIR INC.



## **FILED** Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90093 014 \*\*\*150.00

Principal Price of Business   Sa31 MCALISTER WAY   BN 1300   W. PALM BEACH, FL 33411   U.S					The state of the s	/					
Suite Apt #, etc.   Suite Apt #, etc.   Q499207   Chg.P   QRZE04   (12065)	8331 MCALLISTER WAY BAY 300		8331 MCALLISTER WAY Bay 300		US		·	114 <b>CP</b> MH <b>275</b> 14 <b>C</b> 177	2 (1844 DI ER) 20	11 <b>72</b> 1    12 <b>7</b> 1	
City & State    City & State   City & City & City & City & City &	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Country   Coun	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092007	Chg-P	CR2E03	4 (12/06)		
County	City & State		City & State								
Name	Zip	Country	Zip	Coun	itry						
SMTH, VIOLET 8331 MCALLISTER WAY WEST PALM BEACH, FL 33411  SIRET MORESS OTH -ST-2P  TITLE NAME SIRET ADDRESS OTH-ST-2P  TITLE NAME SIRET	6. Name and Address of Current Registered Agent					7. Name an	d Address of New I	Registered A	gent		
Sired Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code					Name					į	
8. The above named entity submits the 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 obtigations of registered agent.  SIGNATURE    Signature	8331 MCALLISTER WAY				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits the 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 obtigations of registered agent.  SIGNATURE    Signature					City				l Zio Cod		
SIGNATURE   Signat					City			FL	7 Zip C00	e .	
Sypeaker											
ARTOR May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								<del></del> -		
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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

4-21-07 SIGNATURE: 1