2007 FOR PROFIT CORPORATION

ANNUAL REPORT



DOCUMENT # P97000013905

AUTHENTIC REPLACEMENT TECHNOLOGIES, INC.

03-21-2007 90027 030 ***150.00

Mar 21, 2007 8:00 am Secretary of State

FILED

Principal Place of Business M				Mailing Address				ъии	COURO				
• • • • • • • • • • • • • • • • • • • •				3644-B S. WESTSHORE BLVD. TAMPA, FL 33629				•					
				. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.									
Suite, Apr. #, etc.			Joile, Ap	Goile. Apr. #, etc.			0	3092007	Chg-P	(CR2E03	34 (12/06)	
City & State			City & St	City & State			4.	FEI Numb					oplied For
			ST_PET			59-342	9183				ot Applicable		
Zip	Country		Zip 33710	Zip Cour 33710		У	5. Certificate of Status Desired [See Required			
	6 Name	and Address of Current	1001-0	gent			7.	Name and	Address.of	New Regis	stered A	gent	
						Name							
KIPP, JOAN B-3644 SW SHORE BLVD TAMPA, FL. 33629				Street Addi			ress (P.O.	ss (P.O. Box Number is Not Acceptable)					
	\$												
*											FL	Zip Cod	•
	named entitions of regis	y submits this statement fo tered agent.	r the purpose	of changing its r	egistered	d office or reg	gistered a	igent, or bo	th, in the State	of Florida	a. Iam f	amiliar with,	and accept
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, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						ing	\$5.00 Added to	May Be Fees					;
10.		OFFICERS AND	DIRECTORS		11.		- 4	ODITIONS	CHANGES TO	O OFFICE	R\$ AND	DIRECTOR	S IN 11
TITLE	D			☐ Delete	TITLE							☐ Change	☐ Addition
NAME STREET ADDRESS	KIPP, JO.	AN WESTSHORE BLVD.			NAME STREET	T ADDRESS							
CITY-ST-ZIP	TAMPA,				CITY-S	I							
TITLE	V	<u> </u>		☐ Delete	TITLE							☐ Change	Addition
NAME	BOVE, CAROLINE			NAMI									
STREET ADDRESS CITY-ST-ZIP	3644-B S TAMPA, I	. WESTSHORE BLVD.			STREET CITY-S	T ADDRESS							
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CITY-ST-ZIP CITY-						ST-ZIP							
								Ch 11	Charles Char		.L		

12. 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.

SIGNATURE: