

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000036694

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** PRO FIX MUFFLER & BRAKE CENTER, INC.

**Current Principal Place of Business:**

3053 N CARL G ROSE HWY  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

3053 N. CARL G. ROSE HWY  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 59-3444840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERMAN, BRENDA L  
3053 N. CARL G. ROSE HWY  
HERNANDO, FL 34442 US

**Name and Address of New Registered Agent:**

HERMAN, BRENDA L  
4842 E. STOER LN  
FLORAL CITY, FL 34436 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: BRENDA L HERMAN

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HERMAN, BRENDA L  
Address: 4842 E. STOER LN.  
City-St-Zip: FLORAL CITY, FL 34436

Title: VP  
Name: RIEMER, PETER  
Address: 3053 N. CARL G ROSE HWY  
City-St-Zip: HERNANDO, FL 34442

I hereby 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 all other like empowered.

SIGNATURE: PETER RIEMER

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date