

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000039977

1. Entity Name
PACIFIC AUTO SERVICE INC.



Principal Place of Business
**9009 N. NEBRASKA AVE.
TAMPA, FL 33604**

Mailing Address
**9009 N. NEBRASKA AVE.
TAMPA, FL 33604**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3451699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**VILLAMMEVA, J
A18 SAN JOSE DR.
DUNEDIN, FL 34698**

**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 *Jose Villanueva* VP *[Signature]* *1/14/05*
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	VILLANUEVA, J
STREET ADDRESS	418 SAN JOSE DR
CITY-ST-ZIP	DUNEDIN, FL

TITLE	A
NAME	VALENTIN, BLANCO
STREET ADDRESS	7819 N 53 ST
CITY-ST-ZIP	TAMPA, FL 33617

TITLE	D
NAME	SABORNIDO, J
STREET ADDRESS	2111 ANASTASIA WAY
CITY-ST-ZIP	ST PETE, FL

TITLE	P
NAME	VILLANUEVA, VIRGINIA
STREET ADDRESS	418 SANJOSE DR
CITY-ST-ZIP	DUNEDIN, FL 34698

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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)(f), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 *833 930-8404*
Date Daytime Phone #