

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000064740

1. Entity Name  
E-AUTO REPAIR, INC.



Principal Place of Business  
7853 NW 44 ST  
SUNRISE, FL 33351 US

Mailing Address  
7853 NW 44 ST  
SUNRISE, FL 33351 US



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0775773

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 33311-4132

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000503917  
04/26/06-80051-005 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
ZEFANIA, ESTHER  
STREET ADDRESS  
10330 N.W. 11TH STREET  
CITY-ST-ZIP  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 572 0001  
4-12-06