2004 FOR PROFIT CORPORATION

changed, or on an attack

SIGNATURE:

Mar 02, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P97000066079 1. Entity Name 03-02-2004 90035 012 ***150.00 2 MAN AUTO REPAIR INC. Principal Place of Business Mailing Address 4427 EMERSON STREET JACKSONVILLE FL 32207 4427 EMERSON STREET JACKSONVILLE FL 32207 2. Principal Place of Business 3815 HENDRICKS AVE Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3463479 FLolioA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -ARA HECTOR LARA, HECTOR Street Address (P.O. Box Number is Not Acceptable) 4427 EMERSON ST. JACKSONVILLE FL 32207 HENDRICKS AVE 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 9. Election Campaign Financing \$5.00 May Be · After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD **PD** TITLE Delete TITLE ☐ Change ☐ Addition HECTOR LARA HECTOR, LARA NAME NAME STREET ADDRESS 4427 EMERSON ST STREET ADDRESS 3815 HEWORICKS AVE, JR-FL,32207 JACKSONVILLE FL 32207 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ECTOR A. LARA

FILED