2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 AM Secretary of State

DOCUMENT # P97000066079 1. Entity Name 2 MAN AUTO REPAIR INC.		Secretary of Sta
Principal Place of Business 3815 HENDRICKS AVE. JACKSONVILLE, FL 32207 Mailing Address 3815 HENDRI JACKSONVILLE	CKS AVE.	
DO NOT WRITE IN THI	S SPACE	01252008 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent LARA, HECTOR 3815 HENDRICKS AVE. JACKSONVILLE, FL 32207		DO NOT WRITE IN THIS SPACE
The obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable FILE NOWILL FEE IS \$150.00 9. Election	(NOTE Registered Agent signature require	U00000226530 ed when reinstating) 02/21/09-30054-011 150.00
After May 1, 2008 Fee will be \$550.00 Trust F	uno continuation.	ued to rees
INTLE PD NAME HECTOR, LARA STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME STREET ADDRESS CITY ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- 21P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-
12. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address with all other like an SIGNATURE:		ad in Chapter 119, Florida Statutes, I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	IG OFFICER OR DIRECTOR	Date Daylime Phone #