


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90024 044 ***150.00

DOCUMENT # P97000101225	
1. Entity Name COMMERCIAL AUTO CARE CENTER, INC.	

Principal Place of Business 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431	Mailing Address 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40015923



01302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HEISE, MARTIN 2200 NW 2 AVE STE 220 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISE, MARTIN 947 CLINT MOORE RD. BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSON, GERALD 947 CLINT MOORE RD. BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2200 NW 2 Ave, Ste 220 Boca Raton, FL 33431
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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: Martin Heise 1/30/08 561-997-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #