2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000103692

1. Entity Name
ALTERNATIVE AUTO CARE, INC.

Principal Place of Business	Mailing Address
7939 EAST BROADWAY AVE TAMPA, FL 33619	7939 EAST BROADWAY AVE TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3482875   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FANIZADEH, JESSE
7939 EAST BROADWAY AVE
TAMPA, FL 33619

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, 2007 Fee will be $550.00 | 9. Election Campaign Financing ☐
Trust Fund Contribution. | **$5.00** May Be
Added to Fees | |

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FANIZADEH, JESSE
STREET ADDRESS	7939 E BROADWAY
CITY-ST-ZIP	TAMPA, FL 33619

TITLE	PVST
NAME	FANIZADEH, JESSE
STREET ADDRESS	7939 E BROADWAY
CITY-ST-ZIP	TAMPA, FL 33619

TITLE	
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CITY-ST-ZIP	

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02/26/07-80030-015 150.00

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: _Jesse Fanizadeh_   Jesse Fanizadeh 1-29-07   (813) 626-0135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #