

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

02-28-2008 90006 024 ***150.00

DOCUMENT # P98000005331

1. Entity Name

A&M A/C AUTO PARTS, INC.



Principal Place of Business

4830 EAST 10TH LANE
HIALEAH FL 33013

Mailing Address

4630 EAST 10TH LANE
HIALEAH FL 33013

66006173

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0806220

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMERO, JUAN C
4630 EAST 10TH LANE
HIALEAH FL 33013

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

Juan C. Romero

3-12-08

Signature of Agent or Person in Charge of Registered Agent's Office

NOTE: Registered Agent's Office must be in the State of Florida

DATE

FILE NOW!!! FEES: \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DP	ROMERO, JUAN C	4630 EAST 10TH LANE	HIALEAH FL 33013	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td>	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 true information.

SIGNATURE:

Juan C. Romero

Juan C. Romero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Typed Name