

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90099 023 ***150.00

DOCUMENT # P98000032876

1. Entity Name
R.E. & D. ALUMINUM REPAIR SERVICES, INC.



Principal Place of Business

**8930 STATE ROAD 84
BOX 145
DAVIE, FL 33324**

Mailing Address

**8930 STATE ROAD 84
BOX 145
DAVIE, FL 33324**

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

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0829228

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

**CROSS, R. KEVIN
801 SOUTH FEDERAL HWY
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name **ROBERT J. SOUCY**

Street Address (P.O. Box Number is Not Acceptable)

11311 SW 13TH STREET

City

FORT LAUDERDALE

FL

Zip Code

33325

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)

JAN 19, 07

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 **DP** ☐ Delete
NAME **SOUCY, ROBERT J**
STREET ADDRESS **11311 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE **D** ☐ Delete
NAME **SOUCY, DOMINICK M**
STREET ADDRESS **11311 SW 13TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33325**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 19, 07