


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000059304 1. Entity Name ATLANTIC CAR CARRIER REPAIRS, INC.																													
Principal Place of Business 8021 N.W. 91 TERRACE MEDLEY, FL 33166			Mailing Address 19411 SW 129 CT. MIAMI, FL 33177																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent RODRIGUEZ, OSCAR 19411 SW 129 CT. MIAMI, FL 33177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				4. FEI Number 65-0847395																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VPS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, GREGORIO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19411 SW 129 CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33177</td> <td></td> </tr> </table>			TITLE	VPS	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, GREGORIO		STREET ADDRESS	19411 SW 129 CT.		CITY-ST-ZIP	MIAMI, FL 33177		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">000000874775</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>04/11/08-80006-002</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	000000874775	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	04/11/08-80006-002		STREET ADDRESS	150.00		CITY-ST-ZIP		
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SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08
Date

305-477-2939
Daytime Phone #

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.