

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 08:00 A
Secretary of State

DOCUMENT # P98000068721

1. Entity Name
FRANK AUTO REPAIR INC.



Principal Place of Business
FRANK AUTO REPAIR INC
MIAMI, FL 33186

Mailing Address
12518 S.W. 128TH ST
BAY 4
MIAMI, FL 33186



05172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0858908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORONADO, RAMONA
7360 CORAL WAY
SUITE 21
MIAMI, FL 33155

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRALDO, FRANCISCO A 10864 SW 227 TERR MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIRALDO, MARIA V 15102 S.W. 72ND STREET NO 124 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIRALDO, FRANCISCO A 15102 S.W. 72ND STREET NO 124 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000764968
05/31/07-80019-023 158.75

**DO NOT WRITE
IN THIS SPACE**

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 #

5-18-07 . 305.786-4897752