


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000075994</b> 1. Entity Name <b>ZACK'S &amp; TINO AUTO CENTER, CORP.</b>		
Principal Place of Business <b>500 SW 6TH COURT POMPAÑO BEACH, FL 33060</b>	Mailing Address <b>500 SW 6TH COURT POMPAÑO BEACH, FL 33060</b>	



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0854006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CHAGAS, AZARIAS 500 SW 6TH COURT POMPAÑO BEACH, FL 33060</b>
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**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 *Azarias Chagas* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CHAGAS, AZARIAS 21518 WOODCHUCK WAY BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CHAGAS, LUZIA H 21518 WOODCHUCK WAY BOCA RATON, FL 33428/
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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: *Azarias Chagas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #