

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 050 ***150.00

DOCUMENT # P98000077564

1. Entity Name
BAHAMAS AUTO REPAIRS, INC.



Principal Place of Business
**4782 S.W. 75TH AVENUE
MIAMI, FL 33155**

Mailing Address
**4782 S.W. 75TH AVENUE
MIAMI, FL 33155**

50043344



01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0862130

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

~~FERNANDEZ, OFELIA~~
~~122770 N.W. 9TH ST.~~
~~MIAMI, FL 33182~~

Name
HERMAN FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
12770 NW 9th STREET

City **MIAMI FL** **FL** Zip Code **33182**

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)

4/13/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **FERNANDEZ, OFELIA**
STREET ADDRESS **12270 N.W. 9TH STREET**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/SECRETARY/DIRECTOR** ☐ Change ☐ Addition
NAME **HERMAN FERNANDEZ**
STREET ADDRESS **12770 NW 9TH STREET**
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Herman Fernandez

4/13/05
Date

Daytime Phone #