2007 FOR PROFIT CORPORATION

DOCUMENT # P98000103837

1. Entity Name

MASTER SERVICE AUTO REPAIRS, INC.



Principal Place of Business

Mailing Address

767 N MILITARY TRAIL

WEST PALM BEACH, FL 33415 US

767 N MILITARY TRAIL WEST PALM BEACH, FL 33415

US

Feb 14, 2007 08:00 AM Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

02062007	No Chg-P	CR2	E034 (11/05)	
4. FEI Number			Applied For	
65-0884091			Not Applicable	
5. Certificate of	5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

ESPAILLAT, MARCO 10686 OAK BEND WAY WEST PALM BEACH, FL 33414

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	' o	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPAILLAT, MARCO 767 N. MILITARY TRAIL WEST PALM BEACH, FL 33415						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000635708 02/23/07-80025-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
TITLE NAME 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.							

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