


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90361 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>P99000018633</i>			
1. Entity Name <i>A-International Auto Clinic Corp</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <i>5730 Johnson St</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Hollywood, FL</i>		City & State	
Zip <i>33021</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>52-2152247</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>Ricardo Ortiz Jr.</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>6480 Thomas St.</i>			
City <i>Hollywood</i>		FL	Zip Code <i>33024</i>
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>D-PSST Ricardo Ortiz Jr. 6480 Thomas St. Hollywood, FL 33024</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ricardo Ortiz Jr.</i>		<i>4/27/04 954-9866867</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

CR2E034B (12/02)