

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90010 026 ***150.00

DOCUMENT # P99000024331

1. Entity Name
A ONE FAMILY AUTO REPAIR INC.



Principal Place of Business
**1415 SE VILLAGE GREEN DRIVE
 PORT ST LUCIE, FL 34952**

Mailing Address
**1415 SE VILLAGE GREEN DRIVE
 PORT ST LUCIE, FL 34952**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04042007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0899783

Applied For
 Not Applicable

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

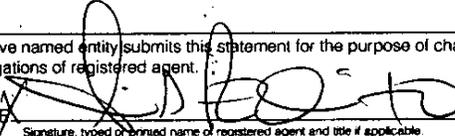
6. Name and Address of Current Registered Agent

**PEQUITO, LUIS-LOPES
 1601 SE HIGDON CT
 PORT ST LUCIE, FL 34952**

7. Name and Address of New Registered Agent

Name **Pequito, Luis Lopes**
 Street Address (P.O. Box Number is Not Acceptable)
915 SW CORNELIA AVE
 City **PORT ST LUCIE** FL Zip Code **34953**

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  DATE **4/4/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

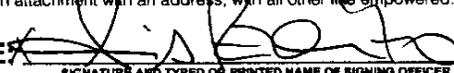
10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ-PEQUITO, LUIS L	
STREET ADDRESS	1601 SE HIGDON CT	
CITY-ST-ZIP	PT ST LUCIE, FL 34952	
TITLE	P	<input type="checkbox"/> Delete
NAME	NORBERTO-LOPES, MAUREEN	
STREET ADDRESS	1601 SE HIGDON CT	
CITY-ST-ZIP	PT ST LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-PEQUITO, LUIS	
STREET ADDRESS	915 SW CORNELIA AVE	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34953	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBERTO-LOPES, MAUREEN	
STREET ADDRESS	915 SW CORNELIA AVE	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE  DATE **4/4/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #