2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# P99000025273

Entity Name: FRANKIE'S AUTO REPAIR, INC.

Current Principal Place of Business:

4901 NE 12 AVE.
OAKLAND PARK, FL 33334 US

New Principal Place of Business:

Current Mailing Address:

4901 NE 12 AVE.
OAKLAND PARK, FL 33334 US

New Mailing Address:

FEI Number: 65-0902222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURENCY, PIERRE
4901 NE 12 AVE.
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAURENCY, MAUDE
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 32334

Title: V ( ) Delete
Name: MAURENCY, PIERRE
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 32334

Title: S ( ) Delete
Name: MAURENCY, CLEONA
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 32334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAURENCY, MAUDE
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: V (X) Change ( ) Addition
Name: MAURANCY, KEDA
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: S (X) Change ( ) Addition
Name: MAURENCY, FRANNY
Address: 4901 NE 12 AVE
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURENCY MAUDE P 05/02/2004

Electronic Signature of Signing Officer or Director Date