

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000026645

1. Entity Name
AUTHORIZED FACTORY SERVICE & PARTS INC.



Principal Place of Business
5440 SOUTH STATE ROAD 7
DAVIE, FL 33314

Mailing Address
5440 SOUTH STATE ROAD 7
DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0902347 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GREGO, DAVID
5440 SOUTH STATE ROAD 7
DAVIE, FL 33314

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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 reinstating) DATE _____

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	D
NAME	GREGO, DAVID
STREET ADDRESS	5440 SOUTH STATE ROAD 7
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S
NAME	GREGO, DAWN V
STREET ADDRESS	5440 S STATE ROAD 7
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	D
NAME	GREGO, TALIA
STREET ADDRESS	5440 SOUTH STATE ROAD 7
CITY-ST-ZIP	DAVIE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/21/07-80047-013 150.00

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: David Boego 2-7-07 9545832727

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