2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000031457

ENTERPRISE AUTO REPAIR CENTER INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

13775 NW 22TH AVENUE OPA LOCKA, FL 33054-4123 Mailing Address

13775 NW 22TH AVENUE OPA LOCKA, FL 33054-4123



04052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0909618

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, LINO 5601 NW 173 DR

SIGNATURE.

DO NOT WRITE

OPA LOCKA, FL .33055			IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	d office or registered agent, or both	n, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title (applicable (NOTE: Registered	Agent signature required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution	ing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SANOS, LINO 5601 NW 177 DR. OPA LOCKA, FL 33055			000000884900 04/17/08-80063-001 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
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NAME STREET ADDRESS CITY-ST-ZIP				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the conchanged.	certify that the information supplied with his fill on this report or supplemental report is true as poration or the receiver of rustee expowered or on an attachment with all	no does not qualify for the exen doccurate and that my signature to execute this report as require other like empowered	nptions contained in Chapter 119, re shall have the same legal effect d by Chapter 607, Florida Statutes	Florida Statutes I further certify that the information as if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if

NAME OF SIGNING OFFICER OR DIRECTOR