

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000056844**

1. Entity Name  
**CAR CLINIC AUTO CARE, INC.**



Principal Place of Business  
**1401 NORTH DIXIE HWY  
LAKE WORTH, FL 33460**

Mailing Address  
**1401 NORTH DIXIE HWY  
LAKE WORTH, FL 33460**

**DO NOT WRITE IN THIS SPACE**



03312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0979275**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GOYANES, JORGE  
1401 N DIXIE HWY  
LAKE WORTH, FL 33460**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOYANES, JORGE 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GOYANES, NATACHA B 1401 NORTH DIXIE HWY LAKE WORTH, FL 33460
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UD00000685269  
04/06/07-80066-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jorge Goyanes, Pres* 3-31-07 561-5474700