

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000056844

Entity Name: CAR CLINIC AUTO CARE, INC.

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1401 NORTH DIXIE HWY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1401 NORTH DIXIE HWY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 65-0979275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: GOYANES, JORGE  
Address: 1401 NORTH DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

Title: VP/D  
Name: GOYANES, NATACHA B  
Address: 1401 NORTH DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

I hereby 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 all other like empowered.

SIGNATURE: JORGE GOYANES

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02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date