

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90186 017 \*\*\*150.00

**DOCUMENT # P99000058034**

1. Entity Name  
**IMPORTED CARS REPAIR, INC.**



Principal Place of Business  
**5766 DAWSON ST  
HOLLYWOOD, FL 33023**

Mailing Address  
**5766 DAWSON ST  
HOLLYWOOD, FL 33023**



04022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0927644** Applied For  
Not Applicable

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

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

**DE PENA, HECTOR  
8230 NW 11 ST  
PEMBROKE PINES, FL 33024**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DE PENA, HECTOR  
8230 NW 11 ST  
HOLLYWOOD, FL 33024**

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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: HECTOR DE PENA, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/20/07**  
Date

**954 986-5671**  
Daytime Phone #

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

ATTACHMENT

DOCUMENT # P99000058034

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Principal Place of Business  
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Mailing Address  
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HOLLYWOOD, FL 33023

40082310

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DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

Registration Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DE PENA, HECTOR  
STREET ADDRESS 8230 NW 11 ST  
CITY-ST-ZIP HOLLYWOOD, FL 33024

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Date

Daytime Phone #