

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 004 ***150.00

DOCUMENT # P99000092060

1. Entity Name
**ALL AMERICAN DRIVEABILITY & PERFORMANCE
AUTOCLINIC, INC.**



Principal Place of Business
**1112 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US**

Mailing Address
**1112 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34983 US**



04082006 No Chg-P CR2E034 (11/05)

4. FFI Number 65-0968005	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRICHMAR, YEFIM
1112 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34986**

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 of the current registered agent or the filer of this statement

Signature of the registered agent or the filer of this statement

Signature

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	KRICHMAR, YEFIM
STREET ADDRESS	1112-1118 SOUTHWEST BAYSHORE BOULEVARD
CITY-ST-ZIP	PORT ST LUCIE, FL 34983

TITLE	
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CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not entitle me for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 to this address, with all other persons empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #