

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/30/2004-90361-007-\$150.00-\$150.00

DOCUMENT # P99000092584

1. Entity Name

ALFONSO'S AUTO A/C REPAIR, INC.



FILED
04 JUN -1 PM 9: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2601 NW 4TH STREET
FORT LAUDERDALE FL 33311

Mailing Address

2601 NW 4TH STREET
FORT LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0953234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARAVITO, HERNANDO A
2601 NW 4TH STREET
FORT LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	GARAVITO, HERNANDO A	
STREET ADDRESS	2209 N 41ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPD	☐ Delete
NAME	GARAVITO, JOHNNY	
STREET ADDRESS	2209 N 41ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	☐ Delete
NAME	GARAVITO, MARIA	
STREET ADDRESS	2209 N 41ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	☐ Delete
NAME	GARAVITO, VANESSA	
STREET ADDRESS	2209 N 41ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hernando A Garavito* 4-26-04 954 792 8249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #