2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S02879

1. Entity Name
HI-TEST SERVICE STATION, INC.

Principal Place of Business	Mailing Address
15300 NW 7TH AVE MIAMI, FL 33169	15300 NW 7TH AVE MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0246230	Not Applicable

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

6. Name and Address of Current Registered Agent

VOLANTE, GABRIEL
15300 NW 7TH AVE.
MIAMI, FL 33169

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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 is 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	DP
NAME	VOLANTE, GABRIEL
STREET ADDRESS	15300 NW 7TH AVE
CITY ST ZIP	MIAMI, FL 33169

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/24/07-80044-012 150.00

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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: _____ GABRIEL Volante 4/12/07 305 688 9613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR