

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # S34991

1. Entity Name
LITTLE RED WAGON AUTO REPAIRS, INC.



Principal Place of Business
**531 MICHIGAN AVE. (REAR IN ALLEY)
MIAMI BEACH, FL 33139**

Mailing Address
**531 MICHIGAN AVE. (REAR IN ALLEY)
MIAMI BEACH, FL 33139**



04052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0250416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GUTIERREZ, ENRIQUE
7601 E TREASURE DR
APT 1221
N BAY VILLAGE, FL 33141**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000113239
04/15/04-80001-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS GUTIERREZ, ENRIQUE 7601 E TREASURE DR #1221 N BAY VILLAGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTIERREZ, ENRIQUE JR 7601 E TREASURE DR #1221 N BAY VILLAGE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTIERREZ, RICHARD 7601 E TREASURE DR #1221 N BAY VILLAGE, FL
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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] 04-13-04 305/673-1467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #