

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S41501

Entity Name: THE AXLE DOCTOR, INC.

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6216 EAST BROADWAY AVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

6216 EAST BROADWAY AVE  
TAMPA, FL 33619

**New Mailing Address:**

FEI Number: 59-3056592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAVARRO, ROBERT  
6216 EAST BROADWAY AVE  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NAVARRO, ALMA K PD  
Address: 6216 EAST BROADWAY AVE  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NAVARRO, ROBERT PD  
Address: 6216 EAST BROADWAY AVE  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT NAVARRO

PD

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date