


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # V23647</b>  |         |  |         |
| 1. Entity Name<br><b>ZEE'S REPAIR SERVICE, INC.</b>   |         |   |         |
| Principal Place of Business<br><b>2235 NW 41 ST.<br/>MIAMI FL 33142</b>   |         | Mailing Address<br><b>2235 NW 41 STREET<br/>MIAMI FL 33142</b>                    |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address  |         |
| Suite, Apt #, etc.  |         | Suite, Apt #, etc.  |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| <b>6. Name and Address of Current Registered Agent</b>  |         | <b>7. Name and Address of New Registered Agent</b>                                |         |
| <b>HAUGHTON, WILLIAM J<br/>2235 NW 41 STREET<br/>MIAMI FL 33142</b>   |         | Name  |         |
|   |         | Street Address (P.O. Box Number is Not Acceptable)                                |         |
|   |         | City  |         |
|   |         | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering)   |         |   |         |
| DATE _____  |         |   |         |



1st MOORE CR2E034 (10/06)

|   |  |
|---|--|
| 4. FEI Number <b>65-0320887</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---|---|---|
| TITLE                      | P <input type="checkbox"/> Delete<br><b>HAUGHTON, WILLIAM</b>   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>1050 NW 203 STREET</b>                                       | NAME  | U00000626346<br>02/15/07-80017-007 150.00                         |
| STREET ADDRESS             | <b>MIAMI FL</b>   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |   | CITY- ST- ZIP   |   |
| TITLE                      | VP <input type="checkbox"/> Delete<br><b>HAUGHTON, ERNEST H</b> | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>19153 NW 28TH COURT</b>                                      | NAME  |   |
| STREET ADDRESS             | <b>MIAMI FL</b>   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |   | CITY- ST- ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete                                 | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | NAME  |   |
| STREET ADDRESS             |   | STREET ADDRESS  |   |
| CITY- ST- ZIP              |   | CITY- ST- ZIP   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** William Haughton 2/3/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #