

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90377 047 \*\*\*150.00

DOCUMENT # **V48252**

1. Entity Name  
**MBM AUTO BODY & GENERAL REPAIRS INC**



**DO NOT WRITE IN THIS SPACE**

**40061228**

2. Principal Place of Business

**1208 NE 8th AVE.**

3. Mailing Address

Suite, Apt. #, etc.

**FT. LAUD**

Suite, Apt. #, etc.

City & State

**FL.**

City & State

Zip

**33304**

Country

**USA.**

Zip

Country

4. FEI Number

**650357590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **MONNEER BAKSH**

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

**1424 NE 18th AVE.**

City **FT LAUD FL**

**FL**

Zip Code

**33304**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 **MONNEER BAKSH (PRESIDENT)**  
NAME  
STREET ADDRESS **1424 NE 18th AVE**  
CITY-ST-ZIP **FT LAUD FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ALANA BAKSH (VICE PRESIDENT)**  
NAME  
STREET ADDRESS **1424 NE 18th AVE**  
CITY-ST-ZIP **FT LAUD FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEGAN BAKSH (TREASURER)**  
NAME  
STREET ADDRESS **1424 NE 18th AVE**  
CITY-ST-ZIP **FT LAUD FL 33304**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**MONNEER BAKSH**

**3-3-06 954 467-1627**

Date

Daytime Phone #