

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000017107

**Entity Name:** BEST QUALITY AUTO REPAIR, INC.

**FILED**  
**Mar 13, 2015**  
**Secretary of State**  
**CC0932330233**

**Current Principal Place of Business:**

315 SOUTH ORANGE BLOSSOM TRAIL  
#B  
ORLANDO, FL 32805

**Current Mailing Address:**

315 SOUTH ORANGE BLOSSOM TRAIL  
#B  
ORLANDO, FL 32805

**FEI Number: 59-3489117**

**Certificate of Status Desired: Yes**

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

NGUYEN, TIEN VIET  
315-B SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

*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

**Officer/Director Detail :**

Title D  
Name NGUYEN, TIEN VIET  
Address 315-B S. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32805

Title D  
Name NGUYEN, PETER TU  
Address 315 #B S. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32805

Title D  
Name NGUYEN, THIEN VIET  
Address 315 #B S. ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32805

*I hereby 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 all other like empowered.*

**SIGNATURE: TIEN VIET NGUYEN**

**PART OWNER**

**03/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date