


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F51520
 1. Entity Name
MASTER REPAIR, INC.



Principal Place of Business 4700 W PROSPECT RD # 117 FORT LAUDERDALE, FL 33309	Mailing Address 4700 W PROSPECT RD # 117 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2169595** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FLAVIN, ROSE R
 12047 S INDIAN RIVER DR
 JENSEN BEACH, FL 34957**

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 re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

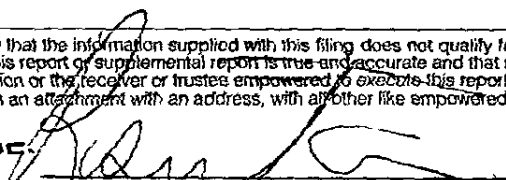
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FLAVIN, MICHAEL J. 12047 S INDIAN RIVER DR JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FLAVIN, ROSE R. 12047 S INDIAN RIVER DR JENSEN BEACH, FL 34957
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 04/25/06-80064-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE 

4/5/06

957-566-583