


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90059 022 ***150.00

DOCUMENT # H98395		
1. Entity Name IMPERIO AUTO REPAIR CORPORATION		

Principal Place of Business 10750 NW 23RD ST MIAMI, FL 33172 US Doral, FL 33172-2032	Mailing Address 10750 NW 23RD ST MIAMI, FL 33172 US Doral, FL 33172-2032
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40021013



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2625793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARBEITE, ELSIE 10750 NW 23RD ST MIAMI, FL 33172 33172-2032 Doral		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PS ALVAREZ, RENE 10750 NW 23RD ST MIAMI, FL 33172-2032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Francisco ALVAREZ 10750 NW 23 St. Doral, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALVAREZ, DEBORA 10750 NW 23RD ST MIAMI, FL 33172-2032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doral, FL 33172-2032
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RENE ALVAREZ** 02-1-05 305-5134P33
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #