## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.	SOUTH		A COLLISION C		ing Address							
Apple   Appl	0898 SW 189	STH ST		M	AMI FL 33157-6782			3. Date Incorporated or	Qualified	3a. Date	of Last F	Report
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9. Name and Address of Current Registered Agent  10. Name and Address of Wew Registered Agent  11. Name  12. Name  13. Name  14. Name  15. Name  16. Name and Address of New Registered Agent  16. Name and Address (P.O. Box Number is Not Acceptable)  16. Order or registered Agent  16. Order or registered Agent  16. Name and Address of New Registered Agent  16. Name and Address (P.O. Box Number is Not Acceptable)  16. Order or registered Agent  17. Name and Address (P.O. Box Number is Not Acceptable)  20. Order or registered Agent  20. Order or regi			Country		7in	Countr				intangible ta		
SILVA, MELBA G 230 SW 128 AVE MIAMI FL 33187  SILVA, MELBA G 230 SW 128 AVE MIAMI FL 33187  82	Ζip		├──¹ '	<del></del>	ΣIÞ		,	I			D. D. 1001 C	100.002
SILVA, MELBA G 230 SW 128 AVE MIAMI FL 33187  B2					ered Agent	1; :-1		10. Name and Address	of New R	egistered .	Agent	
### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ### Consumer to the provisions of Sections 607 0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 0505, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Florida Statutes.  ### Consumer with, and accept the obligations of, Section 607, 1506, Flo						81	Name					
MAMI FL 33187    B4   City   B4   City   B5   Zp Code   Pursuant to the provisions of Sections 607,0502 and 607,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.    SINATURE   Symbol print but raine of imposeed sport and the flagorization   MOTE Registered Agent agradure regarded when remeating   CATIL	SILVA, N	IELBA G				82	Street Addr	ress (P.O. Box Number is No	t Acceptab	nle)		
MAMI FL 33187  84 City FL 85 ZP Code  Fursuant to the provisions of Sections 607 0500 and 507 1506, Florida Statutes, the above-hemed corporation submits this statement for the purpose of changing its registore or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.  Finally with, and accept the obligations of, Section 607 0505, Florida Statutes.  RNATURE  Signific typed or pit be chief of registered agent and the if acceptable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IF Signific typed or pit be chief of registered agent.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  IF SILVA, MAURICIO L  123 NAME  SILVA, MAURICIO L  123 SW 128 AVE  14 TITLE  15 TITLE  12 TITLE  12 TITLE  13 TITLE  14 TITLE  15 TITLE  15 TITLE  15 TITLE  16 Change  ACTIVES: 2P  LE DELETE  15 TITLE  16 Change  ACTIVES: 2P  LE DELETE  17 TITLE  18 Change  ACTIVES: 2P  ACTIVES: 2P  LE DELETE  18 TITLE  18 Change  ACTIVES: 2P  ACTIVES: 2P  ACTIVES: 2P  Change  ACTIVES: 2P  ACTIVES: 2P  Change  ACTIVES: 2P  ACTIVES: 2P						83	3					
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<ol> <li>I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07 (5)(k), Florida Stations. The certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if more accurate.</li> </ol>	or registere familiar with GNATURE  LE ME REFT ADDRESS Y-ST-ZIP LE ME REFT ADDRESS SY-ST-ZIP	DP SILVA, 230 SW MIAMI I DS SILVA, 230 SV MIAMI I DS SILVA, 230 SV	both, in the State of First the obligations of, S or pricted name of registered a OFFICERS.  MAURICIO L V 128 AVE FL MELBA G V 128 AVE	forida, Such of Section 607.0	Change was authorize 505, Florida Statutes (NO TORS)  DELETE  DELETE  DELETE	TE RogistersO Ag  13.  1.1 TITLE 12 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLI 3.2 NAMI 3.3 STREI 4.1 TITLI 4.2 NAMI 4.3 STREI 4.4 CITY- 5.1 TITLI 5.2 NAMI 5.3 STREI 5.4 CITY 6.1 TITLI 6.2 NAMI 6.3 STREI 6	ent eignature require  E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS	d when reinstating)		OATE ICERS AND	O DIREC F  Change  Change  Change	ORS IN 12 Addition Addition Addition Addition Addition