2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000024659

1. Entity Name
AUTO COLOR & COLLISION REPAIR, INC.

Principal Place of Business	Mailing Address
18310 SOUTH DIXIE HWY. MIAMI, FL 33187	18310 SOUTH DIXIE HWY. MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0617664
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARRICABURU, LUIS
17080 S.W. 156 CT.
MIAMI, FL 33187

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	CARRICABURU, LUIS
STREET ADDRESS	17080 S.W. 156 CT
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	DS
NAME	CARRICABURU, ZOBEIDA
STREET ADDRESS	17080 SW 156 CT
CITY-ST-ZIP	MIAMI, FL 331877781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/06-80052-020 150.00

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

SIGNATURE _____ 1/19/06 (786)249-0016
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #