2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# P04000069200

Entity Name: ALPINE AUTO COLLISION CENTER, INC.

Current Principal Place of Business:

2138 W. ARCH STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2138 W. ARCH STREET
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-1059309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORDOBA, WILLIAM
6741 RALSTON BEACH CIRCLE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: CORDOBA, AMPARO
Address: 6412 N. CAMERON AVENUE
City-St-Zip: TAMPA, FL 33614 US

Title: SEC ( ) Delete
Name: CORDOBA, WILLIAM
Address: 6741 RALSTON BEACH CIRCLE
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM CORDOBA MANA 01/05/2006

Electronic Signature of Signing Officer or Director Date