

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109326

FILED
Jul 22, 2008
Secretary of State

Entity Name: MACHO AUTO COLLISION AND REPAIR CENTER, INC.

Current Principal Place of Business:

1336 W WASHINGTON ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

1336 W WASHINGTON ST
ORLANDO, FL 32805 US

New Mailing Address:

FEI Number: 20-1406850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VARGAS, ALBERTO M
16141 ARROWHEAD TRL
CLERMONT, FL 34711 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: VARGAS, ALBERTO M
Address: 16141 ARROWHEAD TRL
City-St-Zip: CLERMONT, FL 34711 US

Title: V () Delete
Name: VARGAS, FELIX
Address: 1336 W WASHINGTON ST
City-St-Zip: ORLANDO, FL 32805

Title: V () Delete
Name: VARGAS, FELIX
Address: 16306 HAWKS NEST CT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ALBERTO VARGAS

P,D

07/22/2008

Electronic Signature of Signing Officer or Director

Date