

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000026435

1. Entity Name
TARUMA MOBILE REPAIR CORP



12 MAY 31 AM 6:10

Principal Place of Business
350 85TH ST #2
MIAMI BEACH, FL 33141

Mailing Address
350 85TH ST #2
MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #
109 CLIFTON RD
Suite, Apt. #, etc.

3. Mailing Address
109 CLIFTON RD
Suite, Apt. #, etc.



04272012 Chg-P CR2E034 (12/11)

City & State
WEST PARK

City & State

4. FEI Number
45-0676652

Applied For
Not Applicable

Zip
33023

Country
USA

Zip
33023

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DA SILVA, MARCIEL
350 85TH ST #2
MIAMI BEACH, FL 33141

Name
MARCEL DA SILVA
Street Address (P.O. Box Number is Not Acceptable)
109 CLIFTON RD

City
WEST PARK FL Zip Code
33023

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

Signature must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/08/12

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2012 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
PVST
DA SILVA, MARCIEL
350 85TH ST #2
MIAMI BEACH, FL 33141 Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PV
DA SILVA, MARCIEL
109 CLIFTON RD
WEST PARK, FL 33023 Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition
200235735852
05/31/12--01004--024 *150.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

05/08/12 MARCIEL SILVA 38@HOTMATAH.COM

MAY 31 2012