


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000019215**

1. Entity Name  
**EXTRATERRESTRE AUTO REPAIR, INC.**



Principal Place of Business      Mailing Address

**2724 NW 31ST STREET  
 MIAMI FL 33142**      **2724 NW 31ST STREET  
 MIAMI FL 33142**



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt #, etc.

1st MOORE      CR2E034 (10/04)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0388169**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNILLA, JULIAN  
 11541 SW 90 ST.  
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.      **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNILLA, JULIAN	
STREET ADDRESS	11541 SW 90 ST	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNILLA, JUANA M	
STREET ADDRESS	11541 SW 90 ST	
CITY - ST - ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000243305	
CITY - ST - ZIP	02/25/05-80034-006 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:       **2-21-05 (305) 635-2190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #