

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED ATX
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000039793
1. Entity Name
TIO & SOBRINO COLLISION WORKS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4715 EAST 10 AVENUE Suite, Apt. #, etc.		3. Mailing Address 8360 WEST FLAGLER STREET Suite, Apt. #, etc. 206	
City & State HIALEAH, FL		City & State MIAMI, FLORIDA	
Zip 33013	Country US	Zip 33144	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416418 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
MARTINEZ, RAMON
Street Address (P.O. Box Number is Not Acceptable)
4715 EAST 10 AVENUE
City MIAMI FL Zip Code 33013

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, RAMON 4715 EAST 10 AVENUE HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURINO, JOSE R 4715 EAST 10 AVENUE HIALEAH, FL 33013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  RAMON MARTINEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/17/06 (303) 688-3434
Daytime Phone #