

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014964

Entity Name: C R ALIGNMENT & CAR CARE, INC.

FILED  
Jan 26, 2006  
Secretary of State

**Current Principal Place of Business:**

1043 SOUTH ORANGE BLOSSOM TR.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1043 SOUTH ORANGE BLOSSOM TR.  
ORLANDO, FL 32805

**New Mailing Address:**

FEI Number: 59-3240334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMIREZ, LESTER  
1043 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

**Name and Address of New Registered Agent:**

COLON, NELSON  
1043 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

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: NELSON COLON

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: RAMIREZ, LESTER M  
Address: 1043 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

Title: DV (X) Delete  
Name: COLON, NELSON  
Address: 1043 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: COLON, NELSON  
Address: 1043 S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805

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: NELSON COLON

DP

01/26/2006

Electronic Signature of Signing Officer or Director

Date