

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000010214
1. Entity Name FOREIGN AUTO REPAIR INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12550 S. MILITARY TRAIL Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State BOYNTON BEACH, FL	City & State	4. FEI Number 65-0716905	Applied For <input type="checkbox"/> Not Applicable
Zip 33436	Country PALM BEACH	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ERMANNNO SAMMARCO	
Street Address (P.O. Box Number is Not Acceptable) 12550 S. MILITARY TRAIL	
City BOYNTON BEACH	State FL
	Zip Code 33436

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME ERMANNNO SAMMARCO
STREET ADDRESS 12550 S. MILITARY TRAIL	CITY-ST-ZIP BOYNTON BEACH, FL. 33436
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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:  **4-28-05** (561) 637-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #