2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Secretary of State **DOCUMENT # P96000010214** 03-30-2006 90017 015 ***150.00 FOREIGN AUTO REPAIR, INC. Mailing Address Principal Place of Susiness 12550 MILITARY TRAIL 12550 MILITARY TRAIL BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. CR2E034 (11/05) 01142006 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 65-0716905 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMMARCO, ERMANNO Street Address (P.O. Box Number is Not Acceptable) 7613 BRISTOL BAY LANE LAKE WORTH, FL 33467 LAKE WORTH 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) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition Delete TITLE TITLE SAMMARCO, ERMANNO NAME NAME VIALE SONATO STREET ADDRESS 7613 BRISTOL BAY LANE STREET ADDRESS 7316 33 467 LAICE LAKE WORTH, FL 33467 CITY-ST-ZIP WORTH PL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SAMMARCO, JOSEPHINE NAME NAME SONATO VIALE STREET ADDRESS 7316 7613 BRISTOL BAY LANE STREET ADDRESS 33467 CITY-ST-ZIP LAILE CITY-ST-ZIP LAKE WORTH, FL 33467 ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete □ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Mar 30, 2006 8:00 am

3.28-06

Daytime Phone #