2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000082566

1. Entity Name
SELIN AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
707 709 N DIXIE HIGHWAY HALLANDALE BEACH, FL 33009	707 709 N DIXIES HIGHWAY HALLANDALE BEACH, FL 33009

04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1359888
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUMBERT, DANIEL W
ONE FINANCIAL PLAZA
SUITE 2500
FT. LAUDERDALE, FL 33394

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARIMI, HOMAYOON
STREET ADDRESS	707 709 N DIXIE HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	D
NAME	KARIMI, HOMAYOON
STREET ADDRESS	707 709 N DIXIE HIGHWAY
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80080-003 150.00

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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.

SIGNATURE: _____ 4/19/06 954-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #