

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000098300

**Entity Name:** ADVANCE COLLISION CENTER INC.

**Current Principal Place of Business:**

2090 SW 71 TERRACE  
BAY H #5  
DAVIE, FL 33317

**Current Mailing Address:**

2090 SW BAY H # 5  
DAVIE, FL 33317 US

**FEI Number:** 61-1699348

**Certificate of Status Desired:** No

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

MODAS, DANIEL A  
1215 SE 2ND AVE #202  
FT. LAUDERDALE, FL 33335 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LEVESQUE, RENE J  
Address 4853 SW 44 TERR  
City-State-Zip: FT LAUDERDALE FL 33314

Title VD  
Name ROSATO, ROCCO  
Address 3590 BLUE LAKE DR #205  
City-State-Zip: POMPANO BEACH FL 33064

*I hereby 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 all other like empowered.*

**SIGNATURE:** RENEE LEVESQUE

**PRESIDENT**

**01/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date