

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000082466

**Entity Name:** PROBODY COLLISION CENTER, INC.

**Current Principal Place of Business:**

7735 NW 53RD STREET  
MIAMI, FL 33166

**Current Mailing Address:**

7735 NW 53RD STREET  
MIAMI, FL 33166

**FEI Number:** 65-0865769

**Certificate of Status Desired:** No

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

PONCE, ROBERT  
7735 NW 53TH STREET  
DORAL, FL 33166 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 PVST  
Name PONCE, ROBERT  
Address 7735 NW 53TH ST  
City-State-Zip: DORAL FL 33166

Title D  
Name PONCE, OLGA  
Address 7735 NW 53TH ST  
City-State-Zip: DORAL FL 33166

*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:** ROBERT PONCE

**PRESIDENT**

**02/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date