2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462136

FILED Jan 10, 2006 Secretary of State

Entity Name: DADE RESTAURANT REPAIR SHOP, INC.

Current Principal Place of Business:		New Principal Place of Business:		
201 W 27 [*] HIALIAH,	TH ST FL 33010			
Current N	lailing Addres	ss:	New Mailing Addres	ss:
201 W 27 HIALIAH,	TH ST FL 33010			
El Number	: 59-1561478	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()
lame and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
	, ANTONIO, JI			
MAMI, FL	. 186TH STRE 33055 US	El		
/IIAMI, FL The above	33055 US		ourpose of changing its registere	ed office or registered agent, or both,
/IIAMI, FL The above n the Stat	33055 US e named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
/IIAMI, FL The above n the Stat	33055 US e named entity e of Florida. RE:			ed office or registered agent, or both, Date
IIAMI, FL The above In the Stat	a33055 US e named entity e of Florida. RE: Electror	submits this statement for the լ		
MAMI, FL The above the Stat BIGNATU	a33055 US e named entity e of Florida. RE: Electror	submits this statement for the pair of the pair of Registered Agang Trust Fund Contribution ().	ent	
MAMI, FL The above the Stat SIGNATU	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC	submits this statement for the particles of Registered Agranters of Registered Agrantes fund Contribution (). TORS: Delete ANTONIO,	ent	Date
MIAMI, FL The above In the State SIGNATU Clection Ca DFFICER ittle: lame: ddress:	e named entity e of Florida. RE: Electror mpaign Financin S AND DIREC PD (FLECHES, JR. 5036 N.W. 186 MIAMI FL,	submits this statement for the particles of Registered Agrang Trust Fund Contribution (). TORS: Delete ANTONIO, TH ST.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NELSON FLECHES VS 01/10/2006