


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 481075 1. Entity Name AUTO REPAIR CERTIFIED SERVICE, INC.	
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Principal Place of Business 3119 SOUTH DIXIE HIGHWAY DELRAY BEACH, FL 33483-3256	Mailing Address 3119 SOUTH DIXIE HIGHWAY DELRAY BEACH, FL 33483-3256
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1651896	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CURRIER, LEWIS W III 1540 SW 47TH TERRACE FORT LAUDERDALE, FL 33317
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**DO NOT WRITE
IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORINO, NICHOLAS 3119 S DIXIE HWY DELRAY BEACH, FL 33483
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nicholas Morino NICHOLAS MORINO (PRESIDENT) 4-20-2005 561-272-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #