

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90041 011 ***150.00

DOCUMENT # 626451

1. Entity Name
ARPA AUTO CLINIC, INC.



Principal Place of Business
2951 SW. 72 AVE
MIAMI, FL 33155 US

Mailing Address
2951 SW. 72 AVE
MIAMI, FL 33155 US

50061939



08052005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1928946

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESTAMPONI, MANUEL A.
2951 S.W. 72ND AVE.
MIAMI, FL 33155

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ESTAMPONI, MANUEL A.
STREET ADDRESS 2951 SW 72ND AVE
CITY - ST - ZIP MIAMI, FL 33155

TITLE VP
NAME ESTAMPONI, JAVIER
STREET ADDRESS 2951 SW. 72 AVE
CITY - ST - ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-08-05

ATTACHMENT 50061939
ARPA AUTO CLINIC, INC.
2951 SW 72 AVENUE
MIAMI, FL 33155

July 27, 2005

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: ARPA AUTO CLINIC, INC.
DOCUMENT#: 626451

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Manuel Estamponi

ME/re